

Contract No.: DAWS01-95-D-0029
MPR Reference No.: 8438-012

1997 Health Care Survey of DoD Beneficiaries:

Key Findings for Region 6

July 1998

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Executive Summary

The Health Care Survey of DoD Beneficiaries (HCSDB) is designed to answer the following five questions:

- How *satisfied* are DoD beneficiaries with their health care?
- How *accessible* is health care at military and civilian facilities?
- How *knowledgeable* are beneficiaries about TRICARE and TRICARE Prime, and what are the sources of information about TRICARE?
- What health care *services* do beneficiaries use, and what are the *sources* of those services?
- How much, and what types of, *preventive health care* do beneficiaries use?

This report presents the key findings of the 1997 HCSDB for adults for Region 6. Conducted annually since 1995 and sponsored by the Office of the Assistant Secretary of Defense (Health Affairs) [OASD(HA)], the survey is conducted under the authority of the National Defense Authorization Act for Fiscal Year 1993 (P.L. 102-484). This report presents the key findings of the 1997 HCSDB for Region 6. The findings are summarized below.

Satisfaction

- A majority (58 percent) of beneficiaries in Region 6 who received care at a military treatment facility (MTF) are satisfied with their health care. Satisfaction with MTF care in Region 6 is comparable to satisfaction in other regions (59 percent).
- Satisfaction with civilian health care in Region 6 (83 percent) is greater than satisfaction with military care (58 percent), as is the case in every region. A national civilian benchmark indicates that in 1997, 89 percent of households were satisfied with their health care.
- The proportion of enrollees who are satisfied with TRICARE Prime in Region 6 (51 percent) is less than the proportion of beneficiaries who are satisfied with military health care in general (58 percent). Across all regions, 52 percent of enrollees are satisfied with TRICARE Prime, compared with 59 percent who are satisfied with military care.
- Regardless of the type of enrollee, satisfaction with civilian care in Region 6 exceeds satisfaction with military care by about 20 percentage points. Satisfaction with military care is lowest among active duty personnel and their family members (54 percent) and highest among retirees and their family members under age 65 (63 percent).
- In Region 6, 23 percent of enrolled active duty personnel are unlikely to re-enroll in TRICARE Prime in the next 12 months. Among enrolled non-active duty personnel, 16 percent are unlikely to re-enroll. Among those who are not currently enrolled, less than 10 percent are likely to enroll in TRICARE Prime.
- Among TRICARE Prime enrollees in Region 6, satisfaction with military primary care managers (PCMs) (50 percent) lags behind satisfaction with civilian PCMs (61 percent).

Access to Care

- Twenty-one percent of active duty personnel and 16 percent of all beneficiaries in Region 6 used an emergency room instead of their usual source of care because the latter was not available. TRICARE Prime enrollees were more likely than non-enrollees to resort to emergency room (ER) use.
- In Region 6, only 7 percent of TRICARE Prime enrollees reported waiting longer than 30 days for a routine care appointment at a military facility, compared with 25 percent of those not enrolled in TRICARE Prime. The TRICARE standard for enrollees is 30 days for such a visit. No such disparity exists at civilian facilities, where about 6 percent of both enrolled and non-enrolled patients waited more than 30 days for an appointment.
- In Region 6, the incidence of long waits in a physician's office is greater at MTFs than at civilian treatment facilities (CTFs). Between 32 and 37 percent of MTF patients reported waiting more than 30 minutes for an appointment, compared with between 19 and 21 percent of CTF patients. The TRICARE standard is a 30-minute wait.
- The most frequently cited reasons for not receiving care at a military facility in Region 6 are the beneficiary's distance from a MTF (40 percent), the difficulty of making appointments at a MTF (31 percent), and the higher quality of care in civilian facilities (22 percent). In addition, 23 percent of patients reported that they had never tried to use a MTF.

Knowledge of TRICARE

- Only 29 percent of beneficiaries in Region 6 reported having no knowledge of TRICARE. This is comparable with the reported level of knowledge in other mature TRICARE regions.
- Of the beneficiaries in Region 6 who reported knowing at least a little about TRICARE, 26 percent have unclear information about enrolling in TRICARE Prime. Among active duty beneficiaries, 23 percent reported having unclear information about enrolling.
- Among those in Region 6 who know at least a little about TRICARE, the most frequently cited sources of information about TRICARE are the information packet mailed to beneficiaries (61 percent), a TRICARE presentation (35 percent), and the military base newspaper (33 percent).

Source of Care

- Ninety-two percent of the active duty personnel use a MTF for their regular source of care. In contrast, other beneficiaries who use a MTF for their regular source of care include 72 percent of active duty family members, 27 percent of retirees and their family members under 65, and 18 percent of retirees and their family members over 65. Only 3 percent of beneficiaries in Region 6 rely on something other than a MTF or CTF as their usual source of care.
- Twenty-six percent of beneficiaries in Region 6 and 25 percent of beneficiaries in all regions used a military pharmacy to fill prescriptions written by a civilian provider in the 12 months prior to the survey. Retirees, survivors, and elderly family members (44 percent) were the most likely to do this.

Use of Care

- In the 12 months leading up to the survey, patients who used civilian facilities tended to have more outpatient visits than those who used military facilities. Forty-one percent of CTF patients had six or more outpatient visits, compared with 31 percent of MTF patients.

- Among MTF patients, those enrolled in TRICARE Prime had significantly more outpatient visits than those not enrolled in Prime. Nearly 90 percent of enrollees had at least one outpatient visit, and 34 percent had over six visits. Of those not enrolled in Prime, only 64 percent had at least one outpatient visit and only 26 percent had over six visits.
- In contrast to the pattern observed at MTFs, TRICARE Prime enrollees at CTFs tended to have fewer outpatient visits than their non-enrolled counterparts.

Preventive Care

- Nearly all beneficiaries in Region 6 (97 percent) had a blood pressure reading in the past two years. The Healthy People 2000 goal is for 90 percent of adults to have had a blood pressure screening within the past two years.
- Four of five beneficiaries in Region 6 reported having had a cholesterol screening in the past five years, including 77 percent of active duty personnel and 94 percent of those over 65 and not enrolled in TRICARE Prime. The Healthy People 2000 goal for this screening is 75 percent.
- In Region 6, 83 percent of female beneficiaries age 50 or over have had a breast cancer screening in the past two years. This result is comparable to the military health system (MHS) average of 84 percent. Both results easily surpass the Healthy People 2000 goal of 60 percent and the civilian benchmark of 56 percent.
- Eighty-seven percent of female beneficiaries and 98 percent of female active duty personnel in Region 6 have had a Pap smear in the past three years. Both results meet the Healthy People 2000 goal of 85 percent and surpass the 60 to 70 percent result observed in the civilian sector.
- Of the beneficiaries in Region 6 who were pregnant at the time of the survey in the preceding 12 months, 89 percent received prenatal care in the first trimester. In the civilian sector, between 76 and 84 percent of pregnant women receive prenatal care in the first trimester. The Healthy People 2000 goal is 90 percent.
- In Region 6, 76 percent of male beneficiaries age 50 or over reported having had a prostate screening in the past two years. Among active duty personnel age 50 or over, 83 percent have had a prostate screening in the past two years. The American Cancer Society recommends an annual prostate exam for men age 50 and over.

Enrollment and Beneficiary Health Status

- Enrollment in TRICARE Prime in Region 6 (53 percent) is equal to enrollment in the average mature TRICARE region (53 percent).
- In Region 6, 52 percent of beneficiaries have a composite physical health score below the age-adjusted median score for the U.S. population. This means that, in terms of health status, beneficiaries in Region 6 are similar to their counterparts in the civilian population. Active duty personnel are somewhat healthier than other MHS beneficiaries, with only 42 percent falling below the median score for the U.S. population.

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Chapter

1

Introduction

The Health Care Survey of DoD Beneficiaries (HCSDB) is a survey of a large, randomly selected and representative sample of U.S. Department of Defense (DoD) health care beneficiaries. Conducted annually since 1995 and sponsored by the Office of the Assistant Secretary of Defense (Health Affairs) [OASD(HA)], the survey is conducted under the authority of the National Defense Authorization Act for Fiscal Year 1993 (P.L. 102-484).

This document is one of a series of reports on the 1997 HCSDB. The following sections outline the basic framework of the survey, how to use its findings, and findings of note.

Research Questions

The HCSDB is designed to answer the following five questions:

- How *satisfied* are DoD beneficiaries with their health care?
- How *accessible* is health care at military and civilian facilities?
- How *knowledgeable* are beneficiaries about TRICARE and TRICARE Prime, and what are the sources of information about TRICARE?
- What health care *services* do beneficiaries use, and what are the *sources* of those services?
- How much, and what types of, *preventive health care* do beneficiaries use?

This report presents the key findings of the 1997 HCSDB for adults for Region 6. Lead Agents are encouraged to share the findings with their staff members and each officer responsible for a catchment area in their region. The report is designed to provide relevant information to Lead Agents and medical treatment facility (MTF) commanders to inform their management of issues affecting the military health care system and its facilities.

Reports in the Series

This report is the first in a series of three companion reports for Region 6, which include the following:

- **The 1997 Health Care Survey of DoD Beneficiaries: Key Findings for Region 6.** This report summarizes the key findings for the region. Together with complementary reports on the other 12 TRICARE regions, it serves as an executive summary of the entire study. Each of the 13 reports provides a brief overview of the purpose, background, and methodology of the survey; suggestions on how to use the survey findings; and data exhibits and summaries of findings for each of the five principal research questions outlined above.
- **The 1997 Health Care Survey of DoD Beneficiaries: Summary Report on Catchment Areas for Region 6.** This report presents key survey results for each catchment area in the region. The report also contains an executive summary of the purpose and methodology of the survey.
- **The 1997 Health Care Survey of DoD Beneficiaries: Technical Regional Report for Region 6.** This report has three functions. First, it presents a complete and detailed documentation of the survey methodology and is to be used as a reference. Second, it presents a complete set of survey results for the region. Third, it presents key survey results for each catchment area in the region.

Background

Title VII, Subtitle C, of the National Defense Authorization Act for Fiscal Year 1993 directs the U.S. Secretary of Defense to conduct an annual survey of DoD beneficiaries to assess their knowledge and use of the military health care system as well as their satisfaction with the system's accessibility and quality of care. In 1993, DoD assigned responsibility for the survey to OASD(HA), which designed the survey in 1994 and sponsored its administration in 1995, 1996, and 1997. Following the 1995 and 1996 surveys, OASD(HA) provided a regional report on the survey findings to each Lead Agent.

In the summer of 1997, OASD(HA) sponsored a re-evaluation of these regional reports. United HealthCare performed the assessment, interviewing several Lead Agents and their staff members and making recommendations to OASD(HA) for future reports. The reports in this 1997 series are based on those recommendations.

How to Interpret the Survey Findings

Focusing on the research underlying the HCSDB is the best way to understand and make use of the survey findings. Those questions, outlined on page 1, reflect two sets of variables.

The first set of variables comprises the *outcome* (or dependent) *variables*. These include answers to survey questions on beneficiaries' satisfaction with their health care, barriers to accessing care, knowledge of TRICARE, use of health care and preventive services, and sources of health care.

The second set of variables comprises the *explanatory* (or independent) *variables*, which may help explain differences in one or more of the outcome variables listed above. Exhibit 2.1 in Chapter 2, for example, presents findings on beneficiaries who reported being satisfied with their health care in each of the 13 regions. The exhibit addresses the question: "How does the satisfaction of beneficiaries (the outcome variable) differ across regions (the explanatory variables)?" In other words, does the location of beneficiaries in a particular region appear to affect their level of satisfaction?

Throughout the regional and catchment area reports in this series, all exhibits display the outcome variable on the vertical axis (the Y-axis) and the explanatory variables on the horizontal axis (the X-axis).

In Exhibit 2.1, the height of a given bar represents the average percentage of beneficiaries reporting being satisfied with their health care in the region indicated on the horizontal axis. Similarly, in many of the other exhibits, the height of a given bar represents the percentage of the beneficiaries in question who fall into the category indicated on the horizontal axis.

It is important to recognize that the results of any survey are not strictly precise. The statistics presented in this report are *estimates* of the true answers to the research questions, both because the survey is based on a sample, rather than on a census of the entire population in the Defense Enrollment Eligibility Reporting System (DEERS), and because some of the people surveyed chose not to respond. The survey design does, however, allow us to evaluate how precise the estimates are. The margin of error for estimates based on all beneficiaries or all patients in Region 6 is less than 2 percentage points. The margin of error for estimates based on TRICARE Prime enrollees in Region 6 is no more than 3 percentage points. Estimates based on smaller subgroups, such as pregnant women, may be considerably less precise. The *Technical Report on Region 6* in this series presents a more detailed discussion of these issues, such as standard errors, weighting of the completed questionnaire, and adjusting the data to account for nonrespondents.

Methodology

In September 1997, the Defense Manpower Data Center (DMDC) drew a random sample of DoD beneficiaries from the DEERS data base that is representative of all persons in the system as of July 14, 1997. DEERS includes all persons eligible for a military health system (MHS) benefit: personnel activated for more than 30 days in the Army, Air Force, Navy, Marine Corps, Coast Guard, Commissioned Corps of the Public Health Service, National Oceanic and Atmospheric Administration, and National Guard or Reserve, as well as other special categories of people who qualify for health benefits. DEERS covers active duty personnel and their families as well as retirees and their family members.

In November and December 1997, Data Recognition Corporation mailed the survey questionnaire to 156,388 adults and 30,253 parents of sampled beneficiaries under age 18. Of the adult questionnaires, 78,857 were completed and returned by the due date of March 31, 1998, for a response rate of 50.8 percent. Of the child questionnaires, 14,293 were completed and returned by the due date, for a response rate of 47.4 percent.

Both the adult questionnaire (Form A) and the child questionnaire (Form C) include a variety of survey questions designed to answer the five research questions listed on page 1, although the child questionnaire covers them in somewhat less detail. The Form A survey questionnaire may be found in Appendix E of the Technical Regional Report.

The sample for Region 6 included 17,454 adults and 2,554 parents of sampled children. Of the adults, 9,033 returned completed questionnaires by the due date, for a response rate of 52.8 percent; 1,175 parents of sampled children did the same, for a response rate of 46.3 percent.

To ensure that the survey results are representative of the DEERS population, Mathematica Policy Research, Inc. (MPR) adjusted the data to reflect the characteristics of the initial sample and to correct for the sampled individuals who chose not to respond to the survey. The data in this report are therefore estimated to be representative of the population of persons eligible for military health care in Region 6. The survey methodology and analysis are described in detail in "The 1997 Health Care Survey of DoD Beneficiaries (HCSDB): Technical Manual".

The HCSDB in Context with Other Data Sources

The HCSDB is one of several DoD health surveys. The HCSDB is unique, providing information that is unavailable from any other DoD health survey. Specifically, the HCSDB is the only survey covering the topics listed above representing *all* DoD beneficiaries. The other DoD health surveys represent only a portion of the beneficiary population. Thus, the HCSDB is the only data on these topics representing the entire population a Lead Agent or a MTF commander is charged with.

The following is a summary contrasting the HCSDB with these other sources:

- **Health Enrollment Assessment Review (HEAR).** The health status findings of the HCSDB are not comparable to those of the HEAR because the surveys represent different populations. The HCSDB represents all military health system beneficiaries as of a single date, July 14, 1997, and their survey responses between December 1997 and March 1998 (for the 1997 HCSDB). In contrast, the HEAR represents those who enrolled in TRICARE during the previous year; the results are considered a part of the patient's medical record as a managed care tool, and are seldom accessible for making generalizations.

New enrollees do not, in general, have the same health status or other characteristics as the population of all beneficiaries. For example, new enrollees are younger, on average, than other beneficiaries, and their health status is therefore different from that of older beneficiaries.

- **MTF Customer Satisfaction Survey.** The HCSDB results on satisfaction are not comparable to the results of the Customer Satisfaction Survey, again because the two surveys represent different populations. The HCSDB results represent the satisfaction of all DoD beneficiaries, regardless of the source of care, whereas the Customer Satisfaction Survey results represent the satisfaction of patients, that is, those who visit a MTF or other military clinic. Moreover, the Customer Satisfaction Survey queries its sample members immediately following the person's visits to the MTF or clinic and asks about that specific visit. The results will be significantly different if an individual is generalizing their satisfaction over an extended period, as in the HCSDB, as compared to focusing on a specific visit.
- **Survey of Health-Related Behaviors among Military Personnel (SHRBMP).** The preventive care results of the HCSDB are not comparable to those of the SHRBMP because the two surveys represent different populations. While the HCSDB results represent the preventive care of all DoD beneficiaries, the SHRBMP results represents only active duty personnel. The SHRBMP focuses on specific behaviors that put the active duty member or his family at risk of illness or injury. Further, the HCSDB is annual, while the SHRBMP is fielded once every 18 months to three years.
- **MHS Performance Report Card.** Although several performance measures in the MHS Performance Report Card appear to be the same as certain HSCDB measures, comparing the findings of these two surveys is not meaningful for two reasons. First, the Report Card represents an individual MTF, while the HSCDB represents all beneficiaries in a geographic area such as a region or a catchment area. Second, the Report Card presents secondary data; that is, it reconfigures data from other sources of health care information. Specifically, performance measures that appear to be the same as ones in the HSCDB are, in fact, based on HSCDB data. Other performance measures are based on MTF Customer Satisfaction Survey data or on Standardized Inpatient Data Records.

The Findings in Context with a National Civilian Benchmark

Exhibit 2.1 in the next chapter compares the percentage of DoD beneficiaries who are satisfied with their health care with a national benchmark of civilian satisfaction. The national civilian benchmark is based on the 1997 Household Survey conducted by the Center for Studying Health System Change in Washington, D.C. The Center is a not-for-profit research organization funded by the Robert Wood Johnson Foundation in Princeton, New Jersey. The Household Survey collected data on satisfaction with health care in 1997 from approximately 1,300 families in 60 sites nationally. Satisfaction measures included overall health care, choice of providers, technical quality of care received at last visit, and provider-patient communication.

Preventive Care Standards

Chapter 7 examines the use of preventive care, such as routine physicals and mammography. Beneficiaries' actual use of preventive care is compared to civilian standards, which represent desired goals of preventive care use in the civilian sector. Beneficiaries' actual use of preventive care is also compared to civilian benchmarks, which represent actual preventive care use among civilians.

Most of the civilian standards are based on Healthy People 2000 preventive care goals. The American Cancer Society guideline is used for prostate screening because no standard is given in Healthy People 2000. Civilian benchmarks are based on data published by the National Center for Quality Assurance and the National Center for Health Statistics.

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Chapter

2

Satisfaction with TRICARE and TRICARE Prime

This chapter is designed to answer the question, “How *satisfied* are (DoD) beneficiaries with their health care?” The HCSDB measures satisfaction by asking beneficiaries to rate their military care overall, their civilian care overall, and specific aspects of each type of care using a 5-point scale. For most of the questions, the scale ranges from *excellent* to *poor*. For a few questions, the beneficiary is asked whether or not he or she agrees with a statement about health care. The scale for those questions ranges from *strongly agree* to *strongly disagree*.

The key findings about satisfaction are presented below. A Performance Improvement Plan for Region 6 based on these findings is included in Chapter 9.

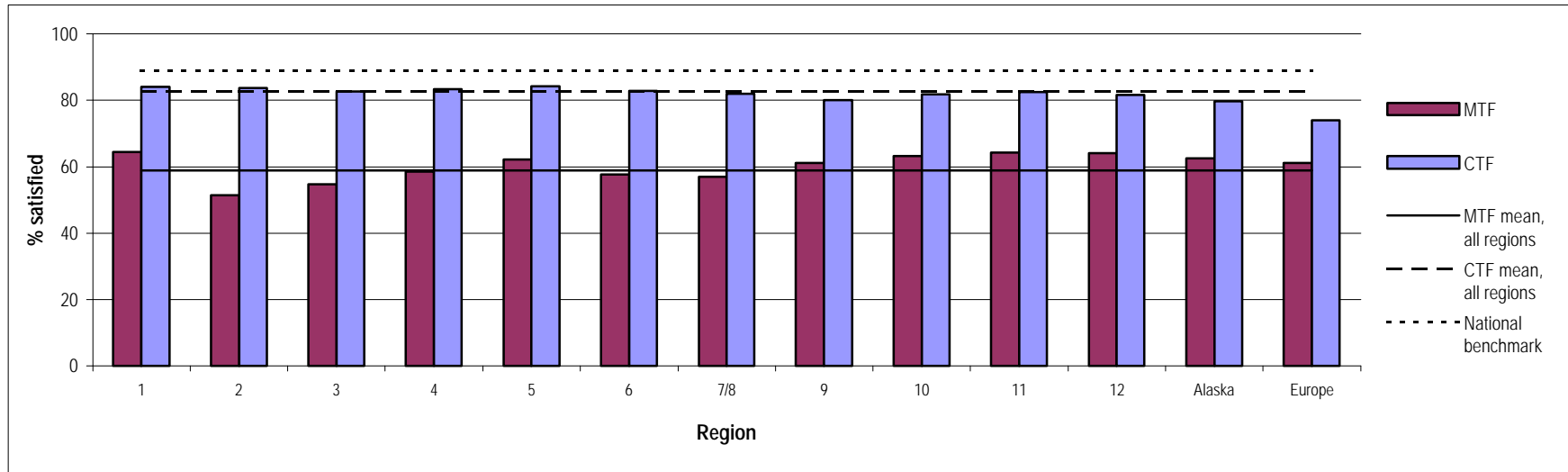
All Beneficiaries Who Received Care in the Past 12 Months

- A majority (58 percent) of beneficiaries in Region 6 who received care at a military treatment facility (MTF) are satisfied with their health care. Satisfaction with MTF care in Region 6 is comparable to satisfaction in other regions (59 percent).
- Satisfaction with civilian health care in Region 6 (83 percent) is greater than satisfaction with military care (58 percent), as is the case in every region. A national civilian benchmark indicates that in 1997, 89 percent of households were satisfied with their health care.
- The proportion of enrollees who are satisfied with TRICARE Prime in Region 6 (51 percent) is less than the proportion of beneficiaries who are satisfied with military health care in general (58 percent). Across all regions, 52 percent of enrollees are satisfied with TRICARE Prime, compared with 59 percent who are satisfied with military care.
- Regardless of the type of enrollee, satisfaction with civilian care in Region 6 exceeds satisfaction with military care by about 20 percentage points. Satisfaction with military care is lowest among active duty personnel and their family members (54 percent) and highest among retirees and their family members under age 65 (63 percent).

Enrolled Beneficiaries

- In Region 6, 23 percent of enrolled active duty personnel are unlikely to re-enroll in TRICARE Prime in the next 12 months. Among enrolled non-active duty personnel, 16 percent are unlikely to re-enroll. Among those who are not currently enrolled, less than 10 percent are likely to enroll in TRICARE Prime.
- Among TRICARE Prime enrollees in Region 6, satisfaction with military primary care managers (PCMs) (50 percent) lags behind satisfaction with civilian PCMs (61 percent).

2.1 Patients Satisfied with the Care They Received at a Military (MTF) or Civilian (CTF) Treatment Facility, by Region and Compared to a National Civilian Benchmark



Population:

Patients who received some care at a MTF or CTF or both during the 12 months preceding their survey response

Sample size: 67,912

Vertical axis:

The percent of the sample who "strongly agree" or "agree" they are satisfied with the care they received

Horizontal axis:

All regions

Survey questions: 51a and 66a

What the exhibit shows:

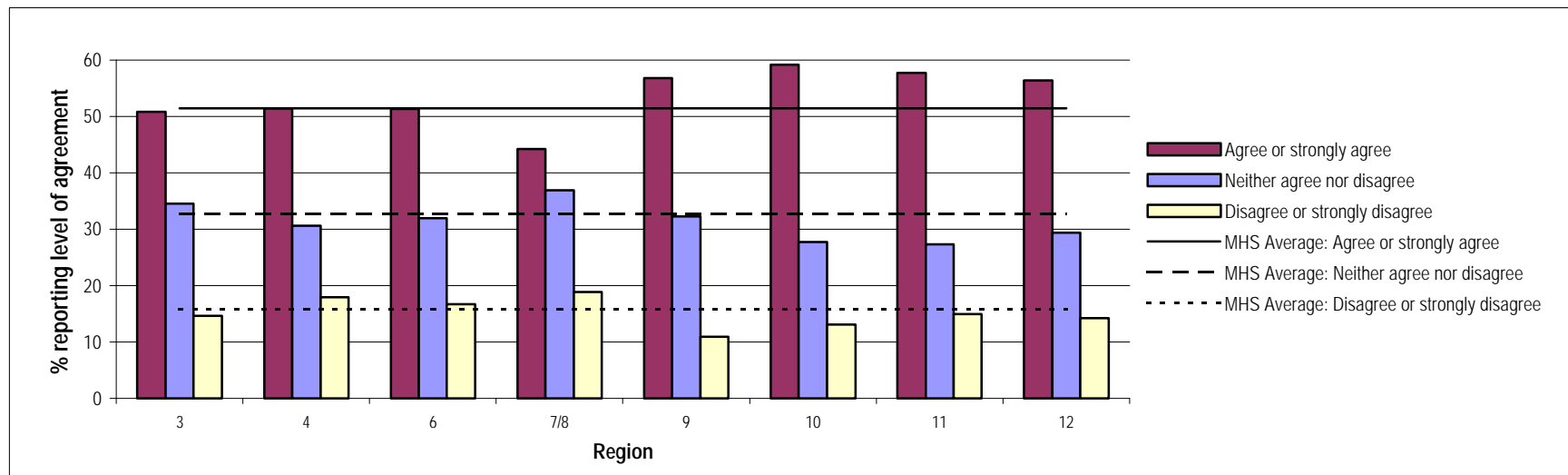
- How satisfaction with care in Region 6 compares to that in other regions
- How satisfaction at MTFs compares to that at CTFs
- How MHS satisfaction rates compare to a national benchmark for civilians' satisfaction

Findings:

In Region 6, a majority of MTF patients (58 percent) reported being very satisfied or satisfied with the care they received at a MTF. This result is virtually the same as the MTF mean for all regions, but it is significantly lower than the CTF mean for all regions. Across all regions, satisfaction with care is higher at civilian facilities than at military facilities, and 83 percent of beneficiaries reported being very satisfied or satisfied with the care received at CTFs.

To compare the satisfaction of MHS beneficiaries with that of civilians generally, we used a national civilian benchmark based on the 1997 Household Survey developed by the Center for Studying Health System Change. Civilian households were somewhat more satisfied with their care (89 percent) than were MHS beneficiaries who used CTFs (83 percent), and far more satisfied than were MHS beneficiaries who used MTFs (58 percent).

2.2 TRICARE Prime Enrollees' Levels of Satisfaction with Prime, for Mature and New TRICARE Regions



Population:

Beneficiaries enrolled in TRICARE Prime, including both those who received care in the 12 months preceding their survey response and those who did not

Sample size: 17,758

Vertical axis:

The percent of the sample reporting a given level of satisfaction

Horizontal axis:

Regions that implemented TRICARE prior April 1996 (mature TRICARE regions) or between April 1996 and March 1997 (new TRICARE regions)

Survey question: 82a

What the exhibit shows:

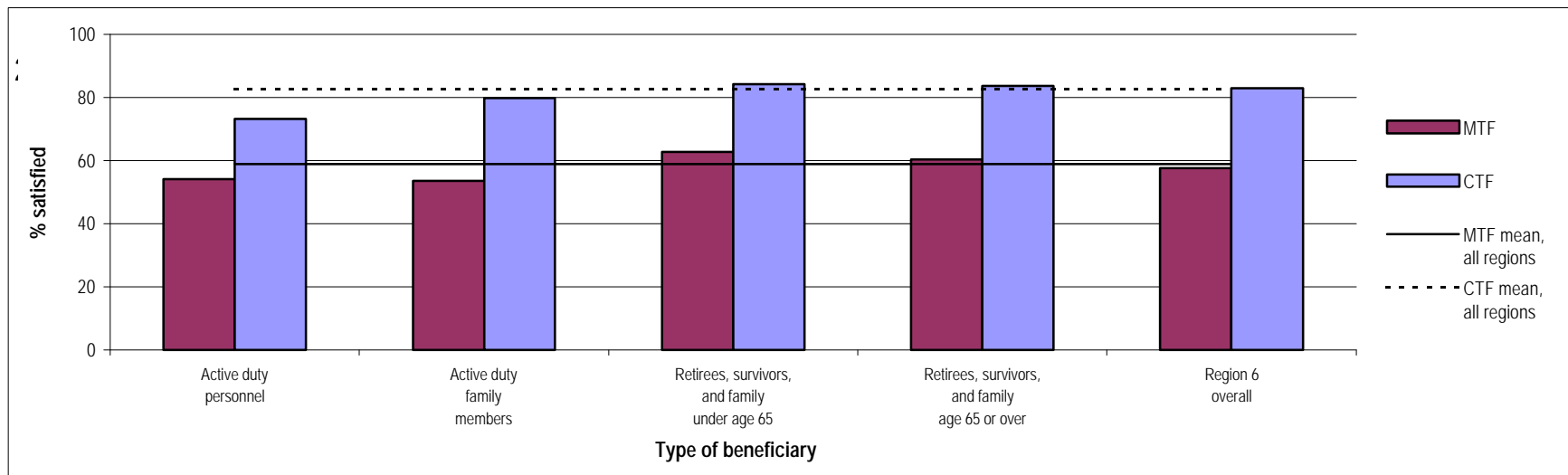
- In mature and new TRICARE regions, how satisfied TRICARE Prime enrollees are with the care they receive
- How satisfaction levels vary across mature and new regions

Findings:

Mature TRICARE regions began to implement TRICARE before April 1996 (Regions 6, 9, 10, 11, 12). New TRICARE regions implemented between April 1996 and March 1997 (Regions 3, 4, 7/8). Regions 1, 2, 5, 13, and 14 began to implement TRICARE after November 1997 and are omitted from this analysis.

A majority of beneficiaries in Region 6 agreed or strongly agreed (51 percent) that they were satisfied with care under TRICARE Prime. About a third of the sample (32 percent) neither agreed nor disagreed. Only 17 percent of the sample disagreed or strongly disagreed. The level of satisfaction with TRICARE Prime in Region 6 is virtually the same as the MHS average for all categories. The results do not vary substantially across new and mature TRICARE regions. Only in Region 7/8 does satisfaction with TRICARE Prime fall below 50 percent. Satisfaction with TRICARE Prime is highest in Regions 9, 10, 11, and 12.

2.3 Patients Satisfied with the Military or Civilian Care They Received in Region 6, by Type of Beneficiary, and in All Regions



Population:

Patients who received some care at a MTF CTF or both during the 12 months preceding their survey response

Sample size: 8,348

Vertical axis:

The percent of the sample who “strongly agree” or “agree” they are satisfied with the care they received

Horizontal axis:

Types of beneficiaries receiving care at a MTF or CTF

Survey questions: 51a and 66a

What the exhibit shows:

- Whether some patients in the Region 6 are more satisfied with their care than others
- Whether their satisfaction varies by whether the care was from a MTF or from a CTF
- How findings for Region 6 compare to findings for all regions

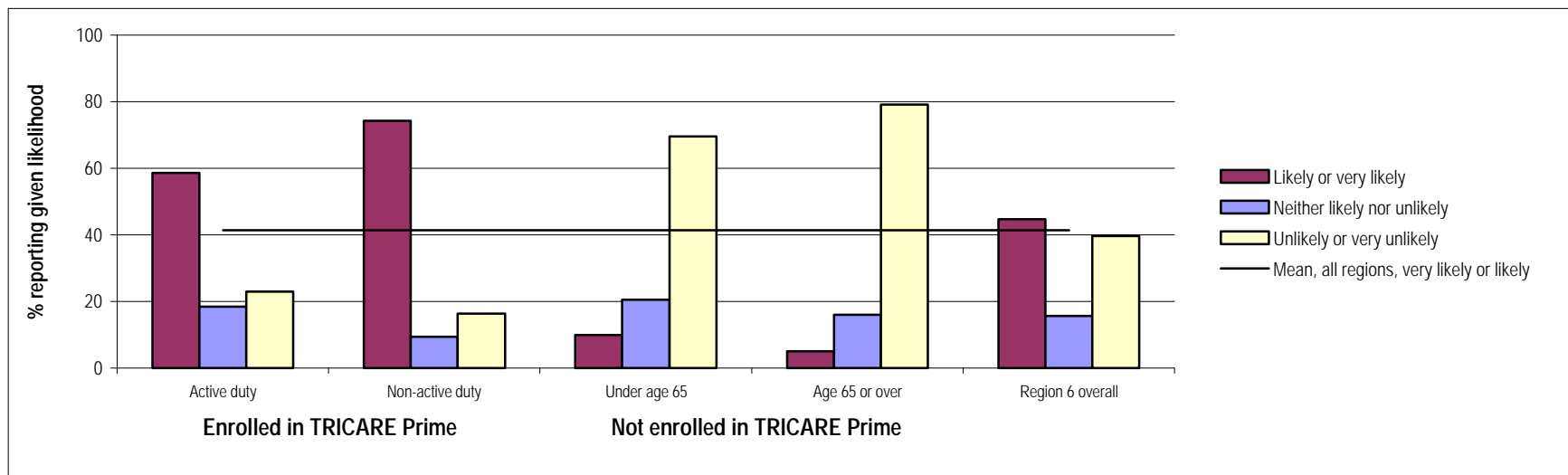
Findings:

Satisfaction with MTF care in Region 6 is lower among active duty personnel (54.1 percent) and their family members (54 percent) than among retirees, survivors, and their family members (60 to 63 percent).

For all beneficiaries, satisfaction varies significantly by whether care was received at a MTF or a CTF, with all groups reporting higher satisfaction from care received at a CTF.

The Region 6 rates of satisfaction with MTF care (58 percent) and with CTF care (83 percent) are not statistically different from the corresponding means for all regions.

2.4 Intention to Enroll or Re-enroll in TRICARE Prime in Region 6, by Enrollment Status, and in All Regions



Population:

Beneficiaries reporting knowing at least a little about TRICARE

Sample size: 6,222

Vertical axis:

The percent of the sample reporting a given likelihood of enrolling or re-enrolling in the 12 months following their survey response

Horizontal axis:

Enrollment status in TRICARE Prime
Type of enrollee

Survey question: 83

What the exhibit shows:

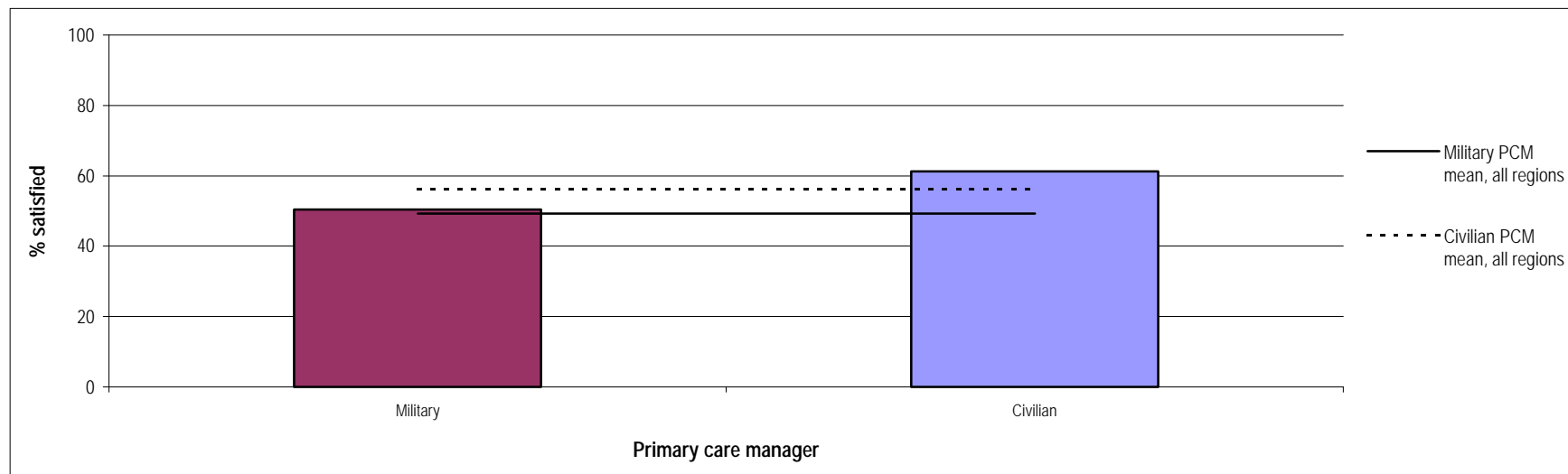
- What the likelihood of enrolling or re-enrolling in TRICARE Prime is in Region 6 overall
- How that likelihood varies by enrollment status and type of enrollee
- How findings for Region 6 compare to findings for all regions

Findings:

In Region 6, 45 percent of beneficiaries who reported knowing at least a little about TRICARE intend to enroll or re-enroll in TRICARE Prime in the next 12 months. About 40 percent said they are unlikely or very unlikely to enroll. The percentage of those likely or very likely to enroll (45 percent) is similar to the mean (41 percent) for all regions.

While a majority of active duty enrollees (59 percent) and non-active duty enrollees (74 percent) plan to re-enroll in TRICARE Prime, 23 percent of active duty enrollees do not plan to re-enroll. This result is surprising, as active duty personnel are required to enroll in TRICARE Prime. A majority (70 percent) of those under age 65 not enrolled in TRICARE Prime are unlikely or very unlikely to enroll.

2.5 TRICARE Prime Enrollees Satisfied with Their Care in Region 6 and in All Regions, by Military and Civilian Primary Care Manager



Population:

Beneficiaries enrolled in TRICARE Prime

Sample size: 3,332

Vertical axis:

The percent of the sample reporting they either "strongly agree" or "agree" they are satisfied with the health care they receive under TRICARE Prime

Horizontal axis:

Type of PCM

Military: PCM at a MTF

Civilian: PCM at a civilian hospital or clinic

Survey questions: 79 and 82a

What the exhibit shows:

- Whether enrollees' satisfaction with TRICARE Prime in Region 6 varies by type of PCM
- How findings for Region 6 compare to findings for all regions

Findings:

In Region 6, satisfaction with Prime is significantly higher among enrollees who have a civilian PCM (61 percent) than among enrollees with a military PCM (50 percent).

The findings for Region 6 are similar to those for all regions in the mean levels of satisfaction for enrollees with a military PCM and those with a civilian PCM.

Chapter

3

Access to Health Care

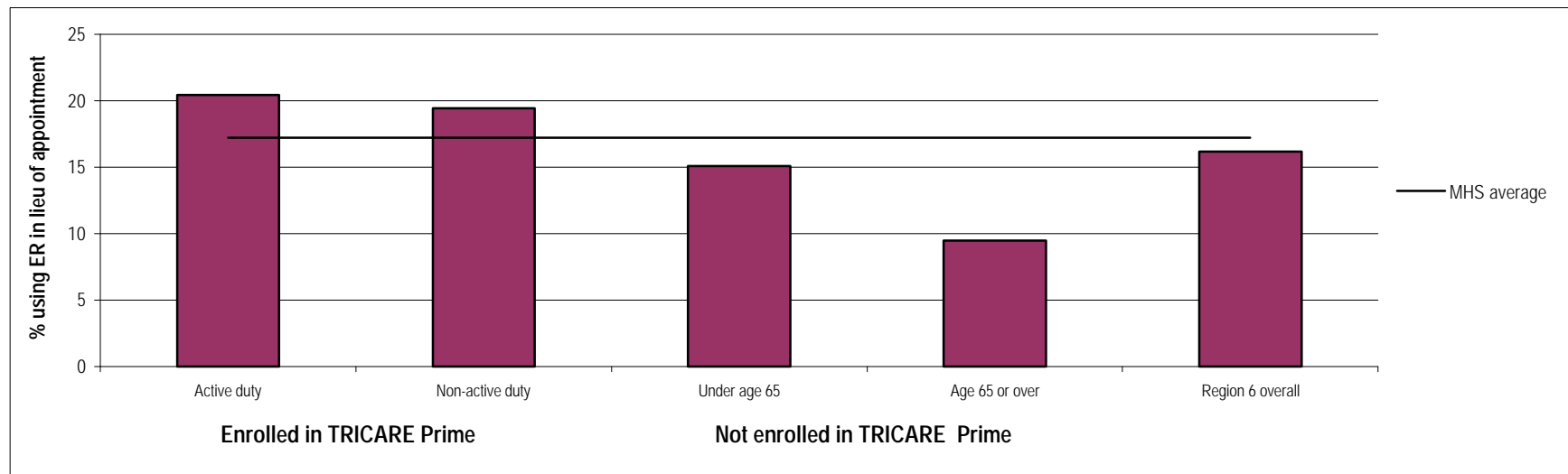
This chapter is designed to address the question, “How *accessible* is health care at military and civilian facilities to DoD beneficiaries?” Indicators of accessibility include:

- The number of beneficiaries who used an emergency room in lieu of their usual source of care because the facility they typically use was not available
- The number of days between calling to make an appointment and the appointment itself
- The length of office waits
- The reasons beneficiaries choose not to use military care are furnished to indicate areas for improvement.

The key findings are:

- Twenty-one percent of active duty personnel and 16 percent of all beneficiaries in Region 6 used an emergency room (ER) instead of their usual source of care because the latter was not available. TRICARE Prime enrollees were more likely than were non-enrollees to resort to emergency room (ER) use.
- In Region 6, only 7 percent of TRICARE Prime enrollees reported waiting longer than 30 days for a routine care appointment at a military facility, compared with 25 percent of those not enrolled in TRICARE Prime. The TRICARE standard for enrollees is 30 days for such a visit. No such disparity exists at civilian facilities, where about 6 percent of both enrolled and non-enrolled patients waited more than 30 days for an appointment.
- In Region 6, the incidence of long waits in a physician’s office is greater at MTFs than at civilian treatment facilities (CTFs). Between 32 and 37 percent of MTF patients reported waiting more than 30 minutes for an appointment, compared with between 19 and 21 percent of CTF patients. The TRICARE standard is a 30-minute wait.
- The most frequently cited reasons for not receiving care at a military facility in Region 6 are the beneficiary’s distance from a MTF (40 percent), the difficulty of making appointments at a MTF (31 percent), and the higher quality of care in civilian facilities (22 percent). In addition, 23 percent of patients reported that they had never tried to use a MTF.

3.1 Beneficiaries' Use of an Emergency Room in Lieu of a Regular Appointment in Region 6, by Enrollment Status, and in All Regions



Population:

All beneficiaries who report using an ER in the past 12 months

Sample size: 3,771

Vertical axis:

The percent of the sample who used an ER in the 12 months preceding their survey response because they could not obtain an appointment at the place "they usually go" when they are sick or need health advice

Horizontal axis:

Enrollment status TRICARE Prime
Types of enrollees

Survey question: 33

What the exhibit shows:

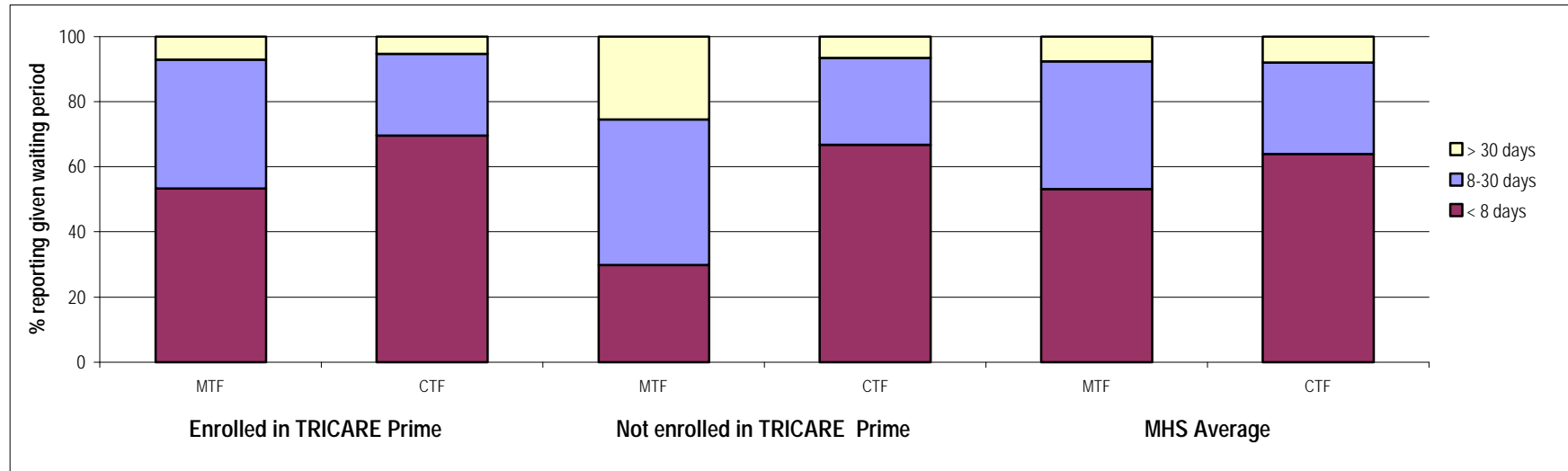
- Whether beneficiaries in Region 6 have used an ER because they could not obtain an appointment from their usual provider
- How such ER use varies by enrollment in TRICARE Prime and by type of enrollee
- How the findings for Region 6 compare to the findings for all regions

Findings:

Of all beneficiaries in Region 6 who used an ER in the past year, 16 percent used it because they could not get an appointment with their usual health care provider. The rate of ER usage in lieu of a regular appointment was much higher for TRICARE Prime enrollees than for non-enrollees (21 percent for active duty and 20 percent for non-active duty enrollees) than for non-enrollees (15 percent for those under age 65 and 10 percent for those age 65 and over).

The average for Region 6 is about the same as the mean for the MHS across all regions.

3.2 Average Waiting Periods for Patients to Get an Appointment for Routine Care in Region 6, by Enrollment Status, and in All Regions



Population:

Patients who received some care at a MTF or CTF or both during the 12 months preceding their survey response

Sample size: 8,438

Vertical axis:

Each segment in a bar represents the percent of the sample reporting a given waiting period for routine care

Horizontal axis:

Enrollment status in TRICARE Prime
Care received at a MTF or CTF

Survey questions: 50a and 65a

What the exhibit shows:

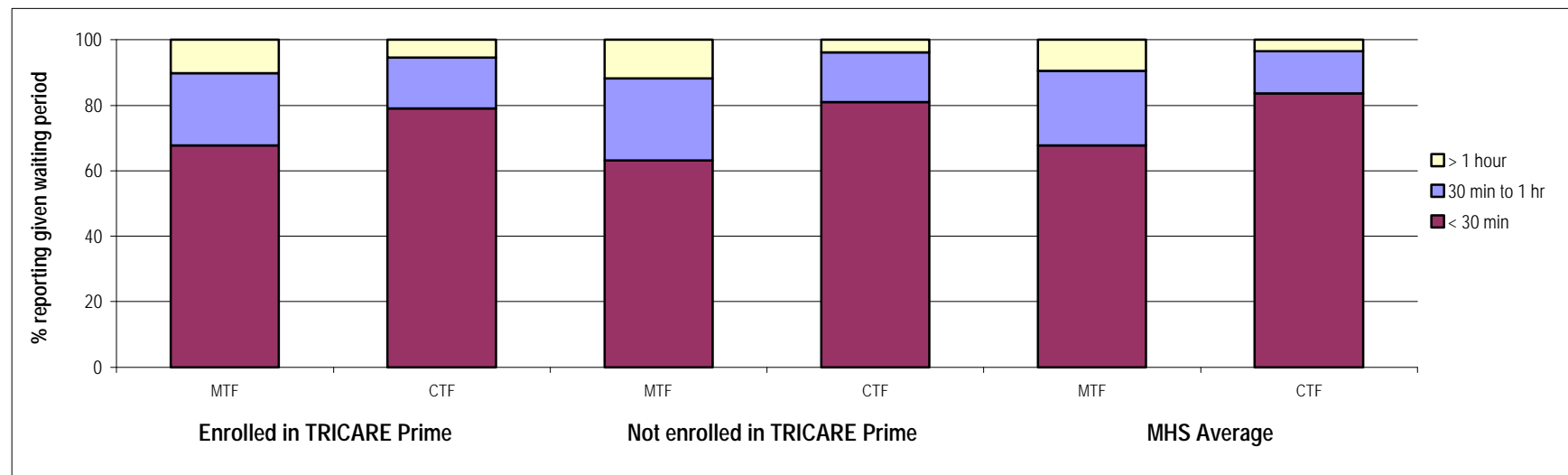
- How waiting periods to get an appointment for routine care at MTFs compare to those at CTFs
- How waiting periods vary by enrollment status in TRICARE Prime and by type of enrollee
- How findings for Region 6 compare to findings for all regions

Findings:

TRICARE Prime enrollees who used a CTF were less likely than those who used a MTF to wait more than 30 days for a routine office visit. Thirty days is the TRICARE standard for such visits. Fewer than 10 percent of the enrollees in either group had to wait 30 days or more for an appointment. Almost 70 percent of TRICARE Prime enrollees waited less than eight days for a routine appointment at a CTF, and about 53 percent of enrollees waited less than eight days for an appointment at a MTF.

The most striking difference in waiting times is between TRICARE Prime enrollees and non-enrollees who used a MTF. Non-enrollees were much more likely than enrollees to have to wait 30 days or more (25 percent versus 7 percent, respectively). Non-enrollees were also less likely (30 percent) to get an appointment in less than eight days than were enrollees (53 percent).

3.3 Waiting Time in Provider's Office in Region 6, by Enrollment Status, and in All Regions


Population:

Patients who received some care at a MTF or CTF or both during the 12 months preceding their survey response

Sample size: 8,348

Vertical axis:

Each segment in a bar represents the percent of the sample reporting a given waiting period in the provider's office

Horizontal axis:

Enrollment status in TRICARE Prime
Care received at a MTF or CTF

Survey questions: 48 and 63

What the exhibit shows:

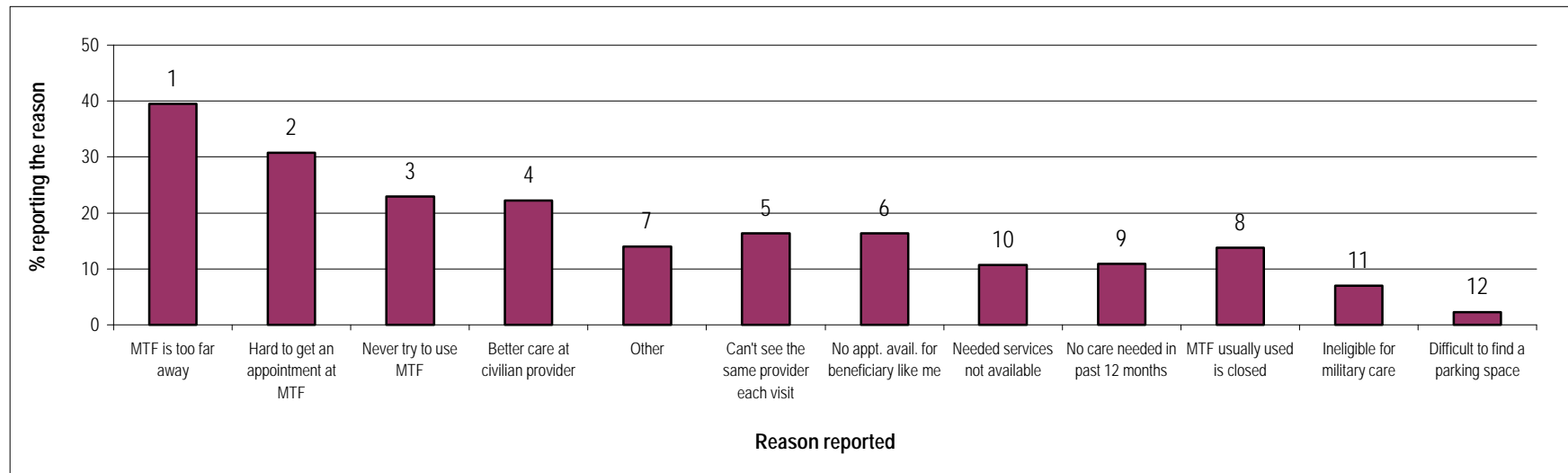
- How office waiting periods at MTFs compare to those at CTFs
- How waiting periods vary by enrollment status in TRICARE Prime and by type of enrollee
- How findings for Region 6 compare to findings for all regions

Findings:

The TRICARE standard for office waiting periods is 30 minutes maximum. The vast majority of patients in Region 6 waited less than 30 minutes regardless of whether they used a MTF or a CTF; 68 percent of TRICARE Prime enrollees and 63 percent of non-enrollees waited less than 30 minutes at a MTF, and 79 percent of TRICARE Prime enrollees and 81 percent of non-enrollees waited less than 30 minutes at a CTF. Non-enrollees using a MTF and had the longest waiting periods. About 12 percent waited more than one hour, and 25 percent waited between 30 minutes and one hour.

Waiting periods vary more by type of facility than by enrollment status. Those using a CTF had, on average, shorter waiting periods than did those using a MTF. The difference in waiting times between TRICARE Prime enrollees and non-enrollees is not significant.

3.4 Reasons for Patients Not Relying on a Military Facility for Most of Their Care in Region 6


Population:

Beneficiaries who received some care from a MTF, but most of their care from a CTF during the 12 months preceding their survey response

Sample size: 5,136

Vertical axis:

The percent of the sample reporting a given reason for not relying on a MTF for care. The percentages do not sum to 100 because respondents were asked to mark all reasons that applied to them.

Horizontal axis:

Reasons reported by beneficiaries

Survey question: 56

What the exhibit shows:

- Why patients in Region 6 who reported getting most of their care from a civilian facility chose to do so
- The number above each bar represents the ranking given to each reason in Region 6. The order of the bars from left to right represent the ranking given to each reason for all regions. A comparison of the two shows how ranking for Region 6 compare to rankings for all regions.

Findings:

In Region 6 and in all other regions, the four reasons most frequently cited for using a CTF rather than a MTF were (1) the MTF is too far away (40 percent), (2) it is more difficult to get an appointment at a MTF (31 percent), (3) many beneficiaries never try to use a MTF (23 percent), and (4) beneficiaries believe they get better care at a CTF (22 percent).

Between 2 percent and 16 percent of patients cited "other" reasons for choosing a CTF over a MTF, including the inability to see the same provider on each visit, lack of available services, and other reasons.

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Chapter

4

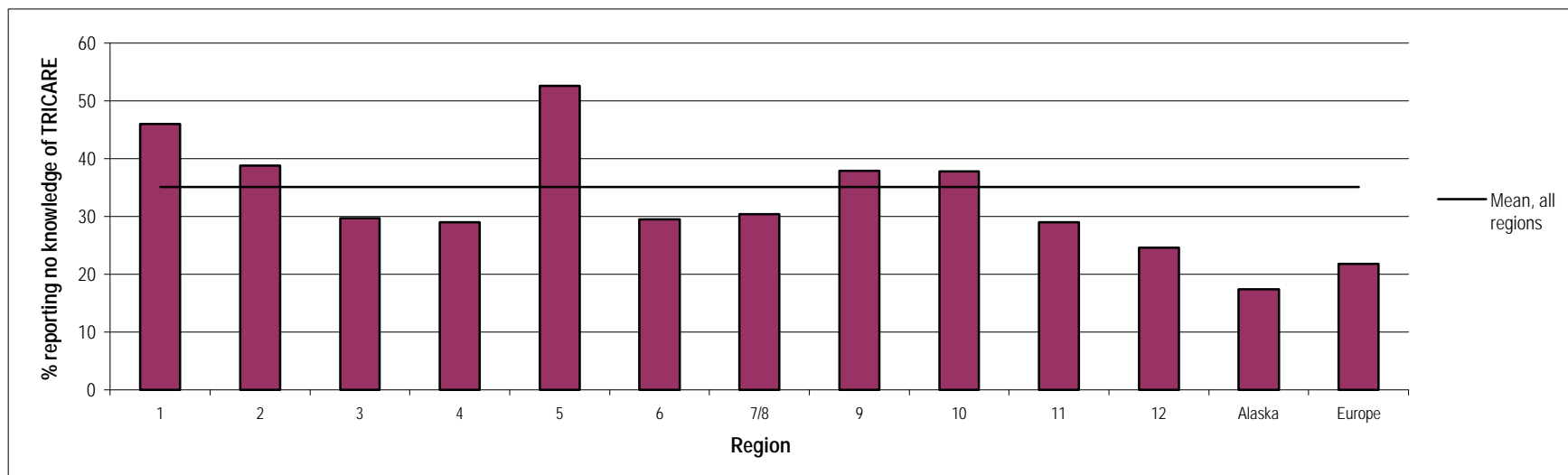
Knowledge of TRICARE and TRICARE Prime

This chapter is designed to address the question, “How *knowledgeable* are beneficiaries about TRICARE, and what *sources of information* about TRICARE do beneficiaries use?” The HCSDB assesses beneficiary knowledge of TRICARE in three ways. First, it asks beneficiaries to assess the level of their knowledge about TRICARE using a 4-point scale ranging from *a great deal* to *nothing*. Second, it asks beneficiaries to rate the clarity of their information about TRICARE using a 5-point scale ranging from *very clear* to *very unclear*. Third, it asks beneficiaries to indicate the sources of their information about TRICARE.

The key findings are:

- Only 29 percent of beneficiaries in Region 6 reported having no knowledge of TRICARE. This is comparable with the reported level of knowledge in other mature TRICARE regions.
- Of the beneficiaries in Region 6 who reported knowing at least a little about TRICARE, 26 percent have unclear information about enrolling in TRICARE Prime. Among active duty beneficiaries, 23 percent reported having unclear information about enrolling.
- Among those in Region 6 who know at least a little about TRICARE, the most frequently cited sources of information about TRICARE are the information packet mailed to beneficiaries (61 percent), a TRICARE presentation (35 percent), and the military base newspaper (33 percent).

4.1 Beneficiaries' Levels of Knowledge of TRICARE, by Region



Population:

All beneficiaries

Sample size: 73,898

Vertical axis:

The percent of the sample reporting no knowledge of TRICARE

Horizontal axis:

All regions

Survey question: 71

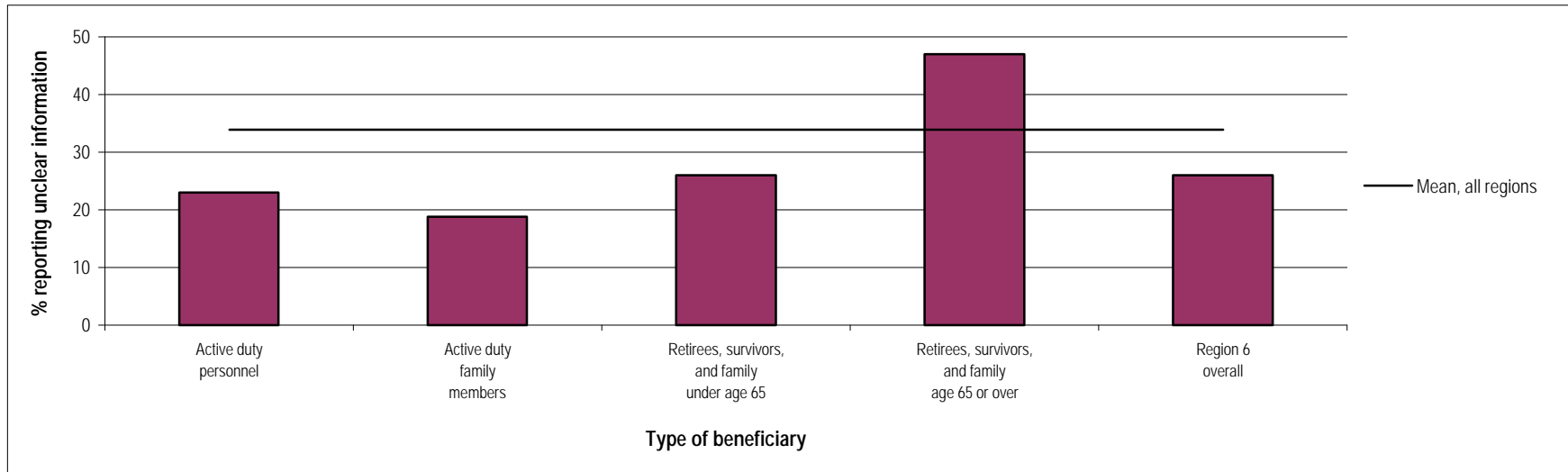
What the exhibit shows:

- How much beneficiaries know about TRICARE in all regions
- How beneficiaries' levels of knowledge vary across regions

Findings:

Compared to the mean of all regions (35 percent), a smaller percentage (29 percent) of beneficiaries in Region 6 reported knowing nothing about TRICARE. The percentage of beneficiaries having no knowledge of TRICARE in Region 6 is similar to that in other mature TRICARE regions, except Region 9 and 10, where the percentage of beneficiaries who reported knowing nothing of TRICARE is above the mean for all regions.

4.2 Beneficiaries Having Unclear Information about Enrolling in TRICARE Prime in Region 6 and in All Regions



Population:

Beneficiaries reporting knowing at least a little about TRICARE

Sample size: 6,222

Vertical axis:

The percent of the sample reporting they “strongly disagree” or “disagree” that they have clear information on enrollment procedures for TRICARE Prime

Horizontal axis:

Types of beneficiaries

Survey question: 73a

What the exhibit shows:

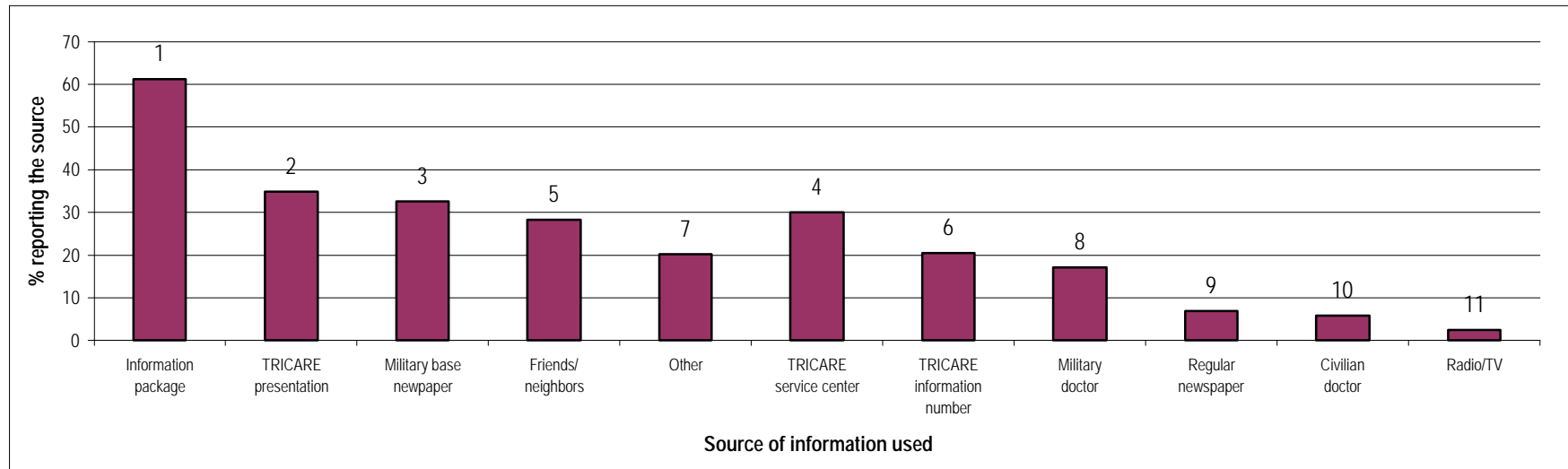
- In Region 6 the percentage of beneficiaries reporting they have unclear information about enrolling in TRICARE Prime
- How the findings vary by type of beneficiary
- How the findings for Region 6 compare to findings for all regions

Findings:

Among beneficiaries in Region 6 who reported knowing at least a little about TRICARE, about a quarter (26 percent) reported having unclear information about enrolling in TRICARE Prime. This result is significantly lower than the mean of beneficiaries across all regions who reported having unclear information about enrolling in TRICARE Prime (34 percent).

Retirees, survivors, and family age 65 or over are the most likely to have reported having unclear information about enrolling in Prime (47 percent). About a quarter (23 percent) of active duty personnel, who are required to enroll in TRICARE Prime, reported having unclear information about enrolling.

4.3 Sources of Information about TRICARE in Region 6 and in All Regions


Population:

Beneficiaries reporting knowing at least a little about TRICARE

Sample size: 6,222

Vertical axis:

The percent of the sample reporting that they received information about TRICARE from a given source. Percentages do not sum to 100 because respondents were asked to mark all the sources they had used to learn about TRICARE

Horizontal axis:

Sources of information

Survey question: 72

What the exhibit shows:

- The sources of information about TRICARE that beneficiaries in Region 6 use
- The number above each bar indicates the ranking for that source of information in Region 6. The order of the bars from left to right indicates the ranking of sources across all regions. A comparison of the two shows how rankings for Region 6 compare to rankings for all regions.

Findings:

In Region 6, the most common sources of information about TRICARE were information packages (61 percent), a TRICARE presentation (35 percent), and a military base newspaper (33 percent). These are the same three information sources most frequently cited in other regions.

The ranking of reasons for Region 6 is quite similar to the ranking of reasons for all regions. There was a minor difference in rank for reasons 4 through 7.

Chapter

5

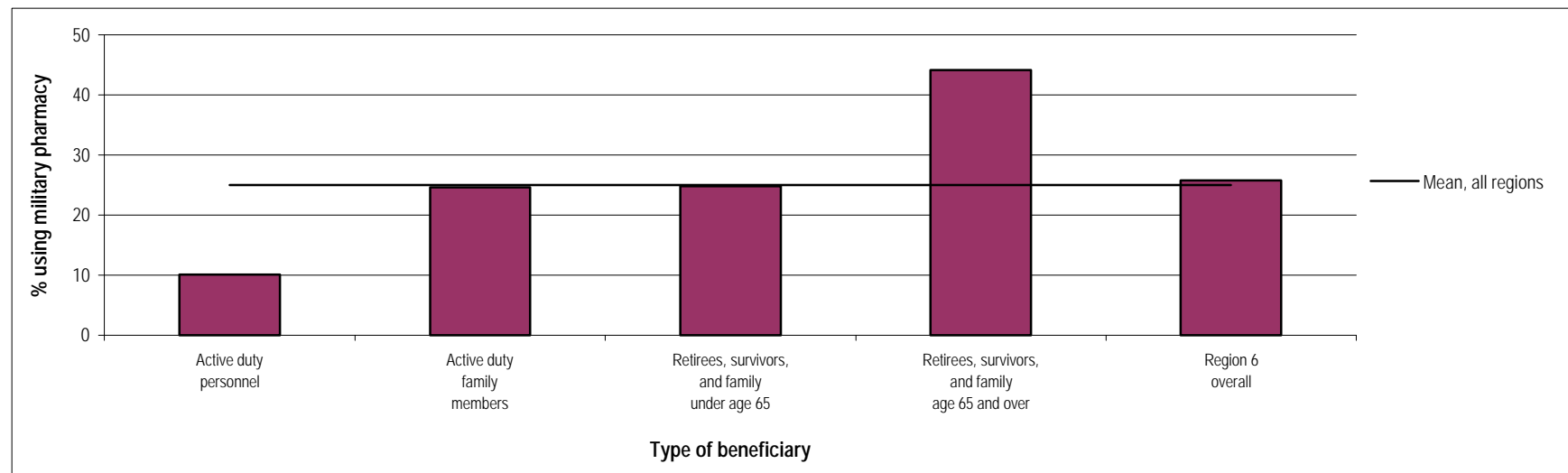
Source of Health Care

This chapter is designed to address the question, “What health care *services* do beneficiaries use, and what are the *sources* of those services?” The HCSDB asks about pharmacy use as well as sources of health care.

The key findings are:

- Ninety-two percent of the active duty personnel use a MTF for their regular source of care. In contrast, other beneficiaries who use a MTF for their regular source of care include 72 percent of active duty family members, 27 percent of retirees and their family members under 65, and 18 percent of retirees and their family members over 65. Only 3 percent of beneficiaries in Region 6 rely on something other than a MTF or CTF as their usual source of care.
- Twenty-six percent of beneficiaries in Region 6 and 25 percent of beneficiaries in all regions used a military pharmacy to fill prescriptions written by a civilian provider in the 12 months prior to the survey. Retirees, survivors, and elderly family members (44 percent) were the most likely to do this.

5.1 Use of Military Pharmacies to Fill Prescriptions Written by a Civilian Provider


Population:

All beneficiaries

Sample size: 9,026

Vertical axis:

The percent of the sample using a military pharmacy to fill any prescriptions written by a civilian provider during the 12 months preceding their survey response

Horizontal axis:

Types of beneficiaries

Survey question: 53

What the exhibit shows:

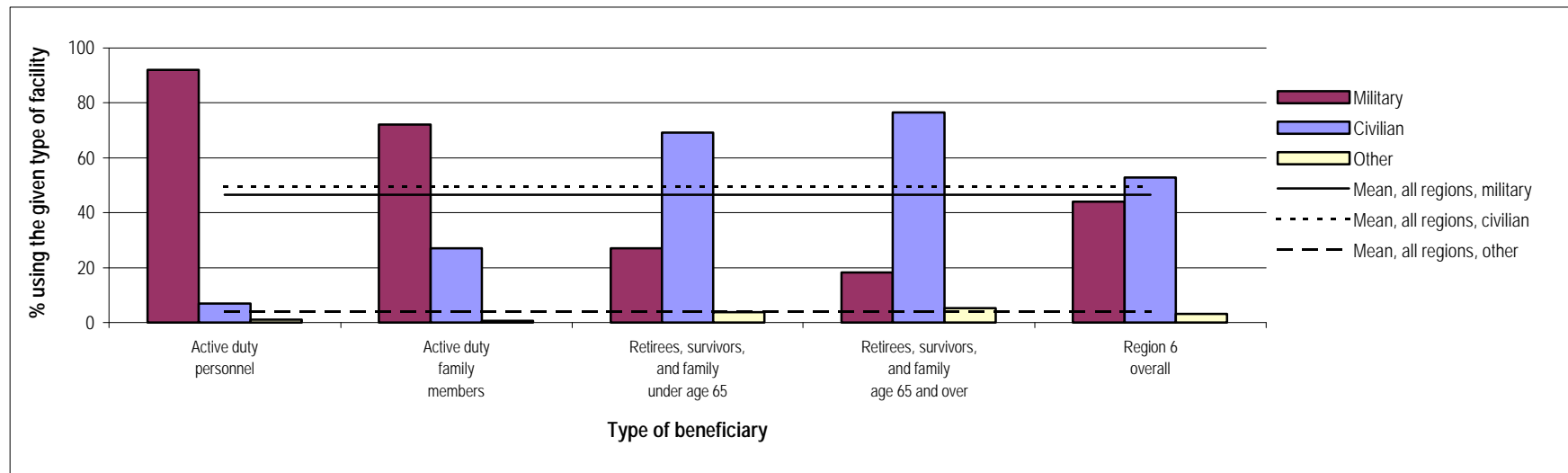
- How the use of military pharmacies to fill prescriptions written by a civilian provider varies by the type of beneficiary in Region 6
- How findings for Region 6 compare to findings for all regions

Findings:

In Region 6, about one-fourth of patients used a military pharmacy to fill prescription written by a civilian provider. The mean for Region 6 is about the same as that for all regions (26 and 25 percent, respectively).

Those most likely to have used a military pharmacy to fill prescription written by a civilian provider are retirees, survivors, and their family members age 65 and over (44 percent). By comparison, 25 percent of active duty family members and younger retirees, survivors, and family members used military pharmacies to fill civilian providers' prescriptions. Active duty personnel are the least likely to use military pharmacies to fill civilian providers' prescriptions (10 percent).

5.2 Usual Source of Care for Beneficiaries Who Are Sick or Need Advice



Population:

Beneficiaries who reported having a usual source of care

Sample size: 8,246

Vertical axis:

The percent of the sample using a military, civilian, or other facility as a regular source of care

Horizontal axis:

Types of beneficiaries

Survey question: 31

What the exhibit shows:

- The percentage of beneficiaries who usually seek care from a military or civilian facility
- How the usual source of care varies by the type of beneficiary
- How findings for Region 6 compare to findings for all regions

Findings:

Of beneficiaries in Region 6 who reported having a usual source of care, 53 percent rely on a civilian facility and 44 percent rely on a military facility (3 percent reported having a usual source of care other than a civilian or military facility). Overall, this pattern of facility use in Region 6 is similar to the average for beneficiaries of all regions.

Active duty personnel and their family members in Region 6 are more likely than the average beneficiary to use a military provider as their usual source of care (92 and 72 percent, respectively). Only 7 percent of active duty personnel and 27 percent of their family members rely on civilian providers for their usual source of care. Retirees, survivors, and family members are more likely than the average beneficiary to rely on a civilian provider (70 percent of those under 65 and 77 percent of those 65 and over), although one in five relies on a military provider.

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Chapter

6

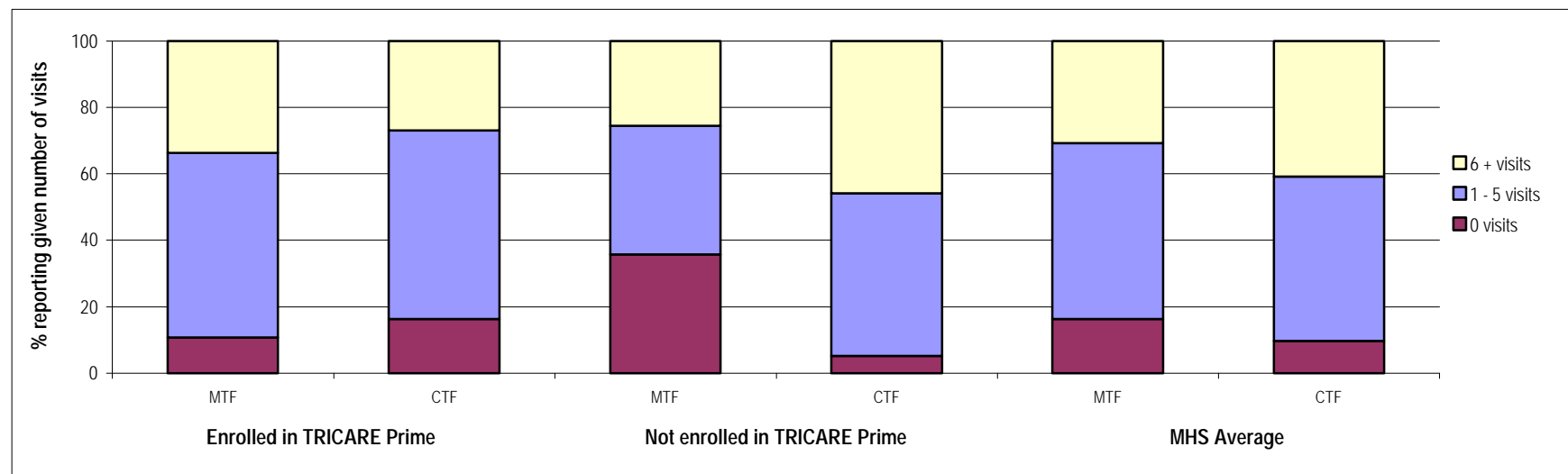
Use of Health Care

This chapter is designed to address the question, “How much health care do MHS beneficiaries use?” Although the HCSDB asked a number of questions about use of care, we report on the amount of care used in terms of a single indicator – the number of outpatient visits in the 12 months prior to the survey.

The key findings are:

- In the 12 months leading up to the survey, patients who used civilian facilities tended to have more outpatient visits than those who used military facilities. Forty-one percent of CTF patients had six or more outpatient visits, compared with 31 percent of MTF patients.
- Among MTF patients, those enrolled in TRICARE Prime had significantly more outpatient visits than those not enrolled in Prime. Nearly 90 percent of enrollees had at least one outpatient visit, and 34 percent had over six visits. Of those not enrolled in Prime, only 64 percent had at least one outpatient visit and only 26 percent had over six visits.
- In contrast to the pattern observed at MTFs, TRICARE Prime enrollees at CTFs tended to have fewer outpatient visits than their non-enrolled counterparts.

6.1 The Number of Outpatient Visits in the Past Year by Patients in Region 6, by Enrollment Status and Military or Civilian Treatment Facility, and in All Regions



Population:

Patients who received some care at a MTF or CTF during the 12 months preceding their survey response

Sample size: 8,348

Vertical axis:

The percent of the sample who made a given number of outpatient visits

Horizontal axis:

Enrollment status in TRICARE Prime
Patients at a MTF or CTF

Survey questions: 46 and 61

What the exhibit shows:

- The number of outpatient visits in Region 6 in the past year
- How the visit rates vary by enrollment status and whether the care was from a MTF or CTF
- How findings for Region 6 compare to findings for all regions

Findings:

Across all regions, 84 percent of MTF users had at least one outpatient visit in the past year, compared with over 90 percent of CTF users. About 30 percent of MTF users reported six or more outpatient visits in the past year, compared with about 40 percent of CTF users.

Among MTF patients, those enrolled in TRICARE Prime had significantly more outpatient visits than those not enrolled in Prime. Nearly 90 percent of enrollees had at least one outpatient visit, and 34 percent had over six visits. Of those not enrolled in Prime, 64 percent had at least one outpatient visit, and only 26 percent had over six visits.

In contrast to the pattern observed for MTF patients, TRICARE Prime enrollees who were CTF patients tended to have fewer outpatient visits than their non-enrolled counterparts.

Chapter

7

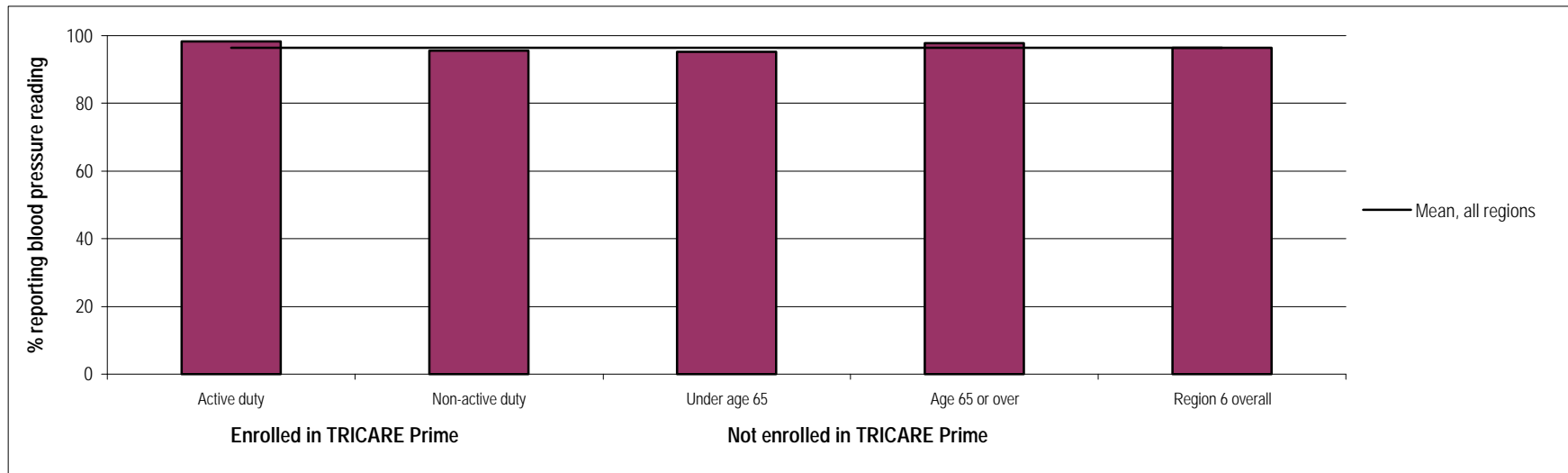
Use of Preventive Services

This chapter is designed to address the question, “How much, and what types of, *preventive health care* do beneficiaries use?” The HCSDB asked all beneficiaries whether they used each of the items in an extensive list of preventive health care services and how long ago the most recent use of care was.

The key findings are:

- Nearly all beneficiaries in Region 6 (97 percent) had a blood pressure reading in the past two years. The Healthy People 2000 goal is for 90 percent of adults to have had a blood pressure screening within the past two years.
- Four of five beneficiaries in Region 6 reported having had a cholesterol screening in the past five years, including 77 percent of active duty personnel and 94 percent of those over 65 and not enrolled in TRICARE Prime. The Healthy People 2000 goal for this screening is 75 percent.
- In Region 6, 83 percent of female beneficiaries age 50 or over have had a breast cancer screening in the past two years. This result is comparable to the military health system (MHS) average of 84 percent. Both results easily surpass the Healthy People 2000 goal of 60 percent and the civilian benchmark of 56 percent (NCHS 1997).
- Eighty-seven percent of female beneficiaries and 98 percent of female active duty personnel in Region 6 have had a Pap smear in the past three years. Both results meet the Healthy People 2000 goal of 85 percent and surpass the 60 to 70 percent result observed in the civilian sector (NCQA 1996).
- Of the beneficiaries in Region 6 who were pregnant at the time of the survey or in the 12 months preceding the survey, 89 percent received prenatal care in the first trimester. In the civilian sector, between 76 and 84 percent of pregnant women receive prenatal care in the first trimester. The Healthy People 2000 goal is 90 percent.
- In Region 6, 76 percent of male beneficiaries age 40 or over reported having had a prostate screening in the past two years. Among active duty personnel age 40 or over, 83 percent have had a prostate screening in the past two years. The American Cancer Society recommends an annual prostate exam for men age 50 and over.

7.1 Blood Pressure Readings


Population:

All beneficiaries

Sample size: 9,026

Vertical axis:

The percent of the sample reporting having had a blood pressure reading during the two years preceding their survey response

Horizontal axis:

Enrollment status in TRICARE Prime

Survey question: 12

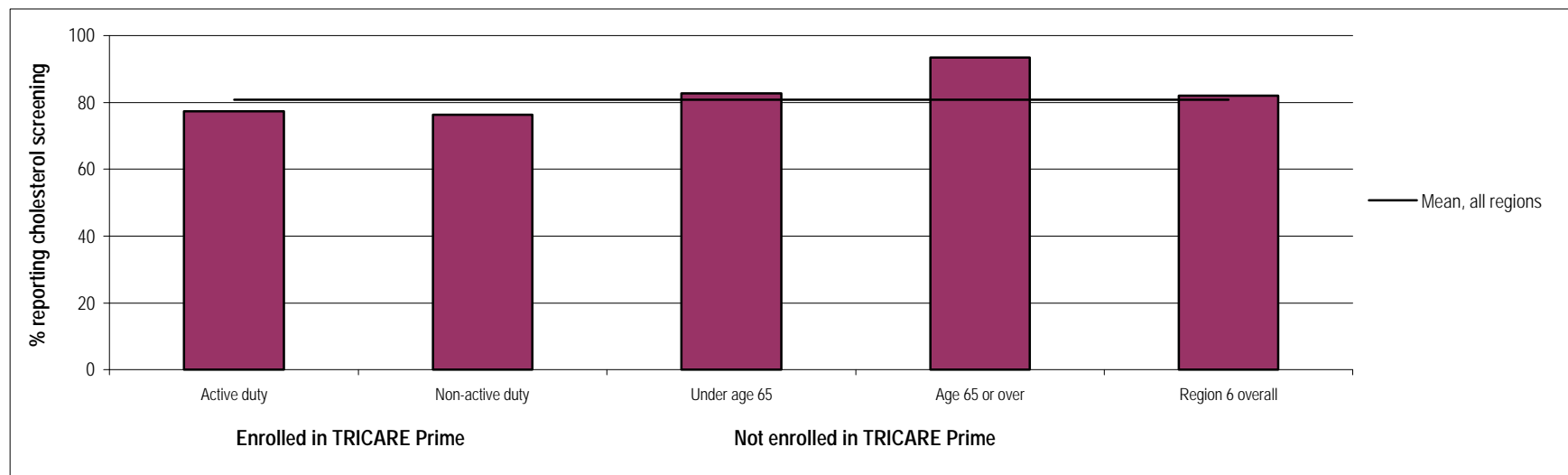
What the exhibit shows:

- Percentage of beneficiaries in Region 6 who had a blood pressure reading in the past two years
- How the findings vary by enrollment status in TRICARE Prime
- How findings for Region 6 compare to findings for all regions

Findings:

Nearly all beneficiaries (97 percent) in Region 6 had a blood pressure screening in the past two years. This exceeds the Healthy People 2000 goal of 90 percent and is equal to the average for all regions. The findings do not vary significantly by enrollment status.

7.2 Cholesterol Screening


Population:

All beneficiaries

Sample size: 9,026

Vertical axis:

The percent of the sample reporting having had a cholesterol screening during the five years preceding their survey response

Horizontal axis:

Enrollment status in TRICARE Prime

Survey question: 13

What the exhibit shows:

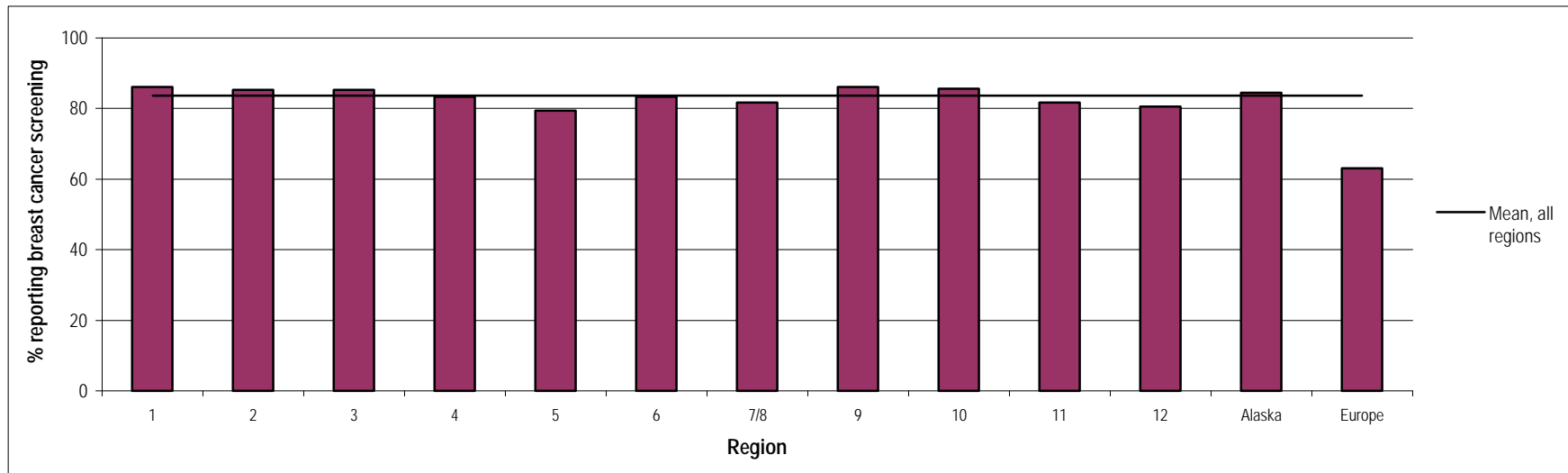
- Percentage of beneficiaries in Region 6 who had a cholesterol screening in the past five years
- How the findings vary by enrollment status in TRICARE Prime
- How findings for Region 6 compare to findings for all regions

Findings:

Four of five beneficiaries in Region 6 reported having had a cholesterol screening in the past five years. This exceeds the Healthy People 2000 goal for adults, which is 75 percent, and is about equal to the average for all regions.

Ninety-four percent of beneficiaries not enrolled in TRICARE Prime and over 65 had a cholesterol screening in the past five years. About 75 percent of all TRICARE Prime enrollees in Region 6 had a cholesterol screening in the past five years.

7.3 Breast Cancer Screening


Population:

Female beneficiaries age 50 and over

Sample size: 19,347

Vertical axis:

The percent of the sample reporting having been "checked by mammography or other X-ray-like procedure" during the two years preceding their survey response

Horizontal axis:

All regions

Survey question: 26

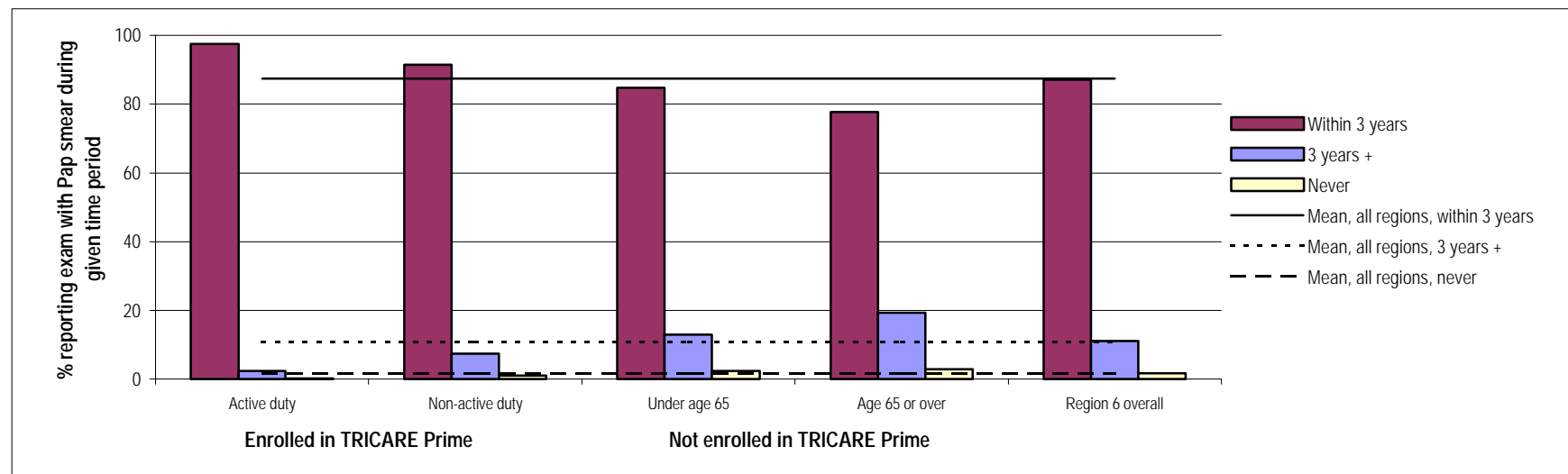
What the exhibit shows:

- The percentage of female beneficiaries in all regions over age 50 who have had a mammogram or other X-ray-like procedure for breast cancer screening in the past two years
- How the findings vary by region

Findings:

Eighty-three percent of female beneficiaries age 50 and over in Region 6 had a breast cancer screening in the past two years. This result is comparable to the MHS average of 84 percent. Both results exceed the Healthy People 2000 goal of 60 percent and the civilian benchmark of 56 percent.

7.4 Pap Smear in Region 6 and All Regions


Population:

All female beneficiaries

Sample size: 4,676

Vertical axis:

The percent of the sample reporting having had "a routine female examination with a Pap smear" in a given time period

Horizontal axis:

Enrollment status in TRICARE Prime

Survey question: 24

What the exhibit shows:

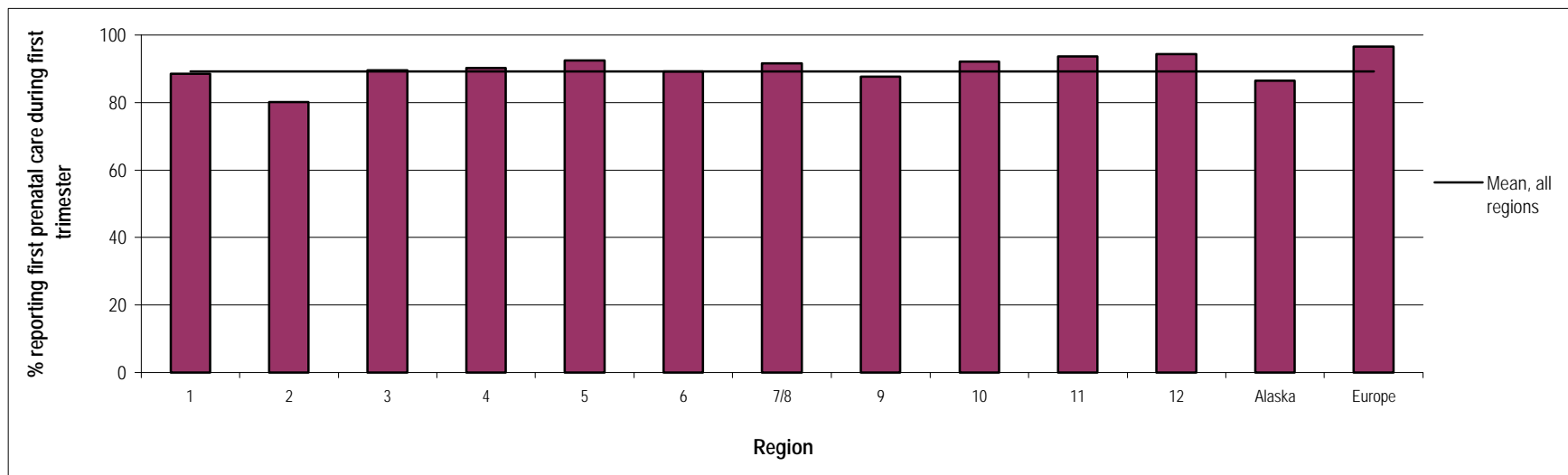
- How recently female beneficiaries in Region 6 have had a Pap smear
- How the findings vary by enrollment status in TRICARE Prime
- How findings for Region 6 compare to findings for all regions

Findings:

Eighty-seven percent of all female beneficiaries in Region 6 had a Pap smear in the past three years. This compares favorably with the 60 to 70 percent result observed in the civilian sector. The Healthy People 2000 goal is for 85 percent of adult women to have had a Pap smear within the past three years. Nearly two percent of women reported never having had a Pap smear. These results are nearly identical to those for the MHS overall.

Ninety-eight percent of active duty female personnel in Region 6 enrolled in TRICARE Prime had a Pap smear in the past three years. Female non-enrollees were much less likely to have had a Pap smear in the past three years. Over one in five of the female non-enrollees age 65 or over have not had a Pap smear the past three years.

7.5 Timing of First Prenatal Care


Population:

Female beneficiaries who were pregnant when they responded to the survey or during the 12 preceding months

Sample size: 2,386

Vertical axis:

The percent of the sample reporting receiving obstetric care from a doctor or other health professional during the first trimester

Horizontal axis:

All regions

Survey question: 29

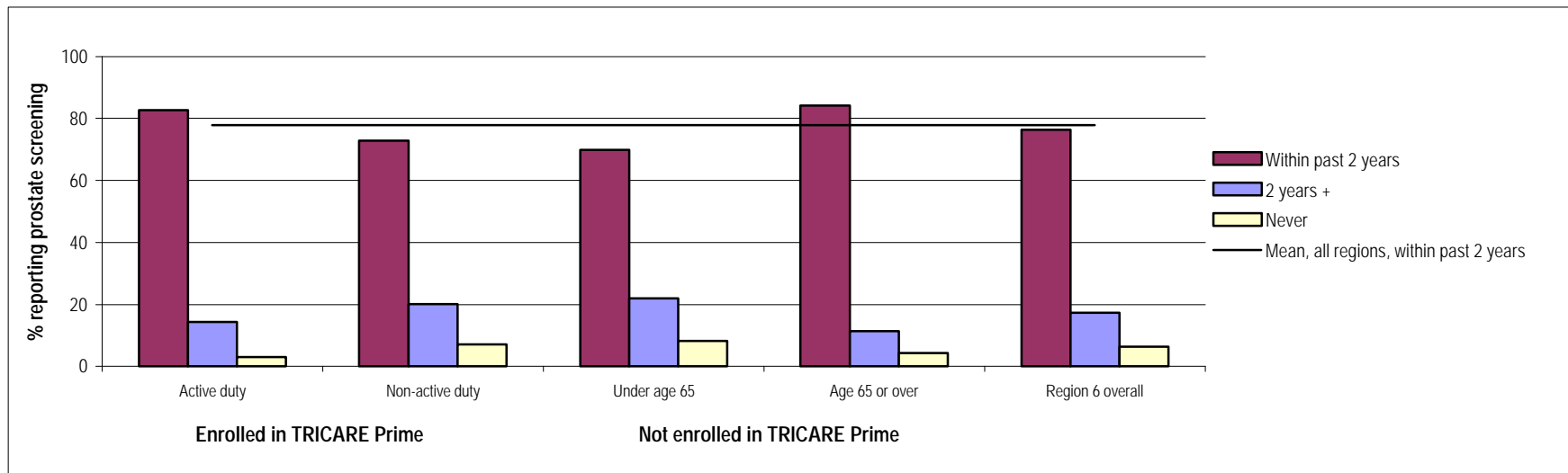
What the exhibit shows:

- The percentage of pregnant beneficiaries in each region who reported having received prenatal care at some point in the first trimester
- How the findings vary by region

Findings:

Nearly 90 percent of the female beneficiaries in Region 6 who were pregnant at some point during the year preceding the survey received prenatal care during the first trimester. This result meets the Healthy People 2000 goal of 90 percent and equals the average of all regions. In the civilian sector, between 76 and 84 percent of pregnant women receive prenatal care in the first trimester.

7.6 Prostate Screening in Region 6 and in All Regions



Population:

Male beneficiaries age 50 or over

Sample size: 2,689

Vertical axis:

The percent of the sample reporting having received "a prostate gland examination or blood test for prostate disease" in a given time period

Horizontal axis:

Enrollment status in TRICARE Prime

Survey question: 23

What the exhibit shows:

- How recently male beneficiaries age 50 or over in Region 6 received a prostate screening
- How the findings vary by enrollment status in TRICARE Prime
- How findings for Region 6 compare to findings for all regions

Findings:

Over three-fourths of male beneficiaries age 40 and over in Region 6 and in the MHS overall reported having had a prostate screening in the past two years (76 percent in Region 6; 78 percent in MHS). The American Cancer Society recommends an annual prostate exam for men age 50 and over.

In Region 6, beneficiaries under age 65 not enrolled in TRICARE Prime had lower-than-average rates of prostate screening in the past two years (70 percent versus an average of 76 percent).

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Chapter

8

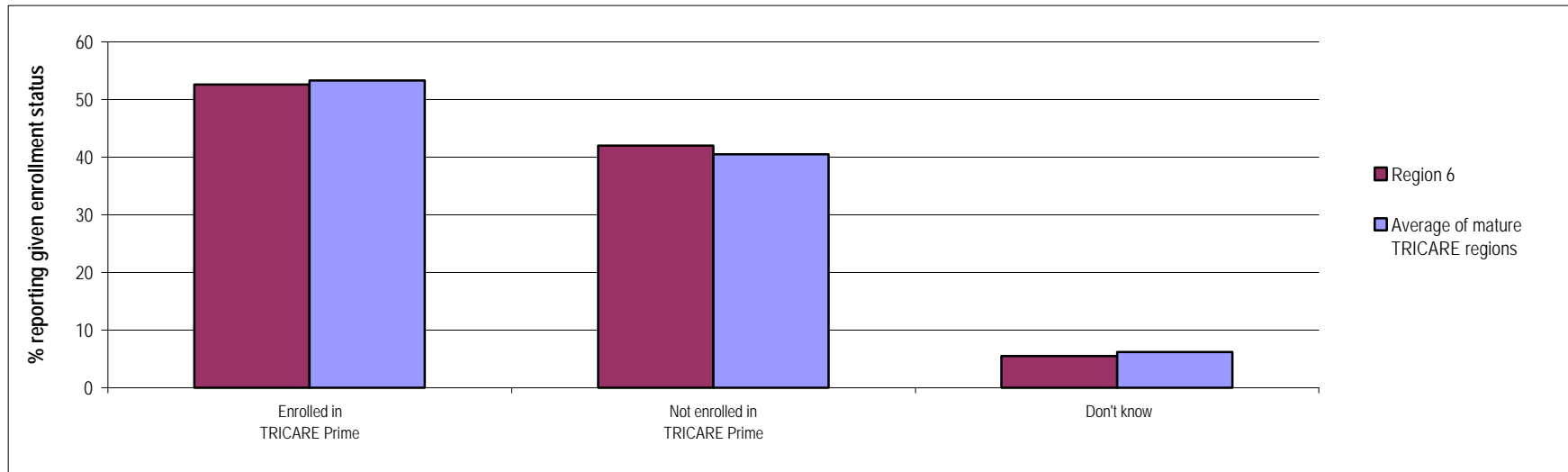
Enrollment and Beneficiary Health Status

This chapter presents findings on two key beneficiary characteristics – enrollment in TRICARE Prime and health status. Health status is based on a battery of 12 questions called the SF-12, which was developed by the Medical Center of New England under a grant from the Henry J. Kaiser Foundation. From the 12 questions, we computed two overall scores for each beneficiary – the composite physical health score and the composite mental health score. Only the former is reported here, and we compared the scores of MHS beneficiaries to the median score for the U.S. population for six age groups (18-34, 35-44, 45-54, 55-64, 65-74, 75+). Here, we report on the percent of beneficiaries whose composite physical health score is lower than the national median score for their age.

The key findings are:

- Enrollment in TRICARE Prime in Region 6 (53 percent) is equal to enrollment in the average mature TRICARE regions (53 percent).
- In Region 6, 52 percent of beneficiaries have a composite physical health score below the age-adjusted median score for the U.S. population. This suggests that, in terms of health status, beneficiaries in Region 6 are similar to their counterparts in the civilian population. Active duty personnel are somewhat healthier than other MHS beneficiaries, with only 42 percent falling below the median score for the U.S. population.

8.1


Population:

Beneficiaries who reported knowing at least a little about TRICARE

Sample size: 13,771

Vertical axis:

The percent of the sample reporting a given enrollment status as of the time of their survey response

Horizontal axis:

Enrollment status in TRICARE Prime

Survey question: 76

What the exhibit shows:

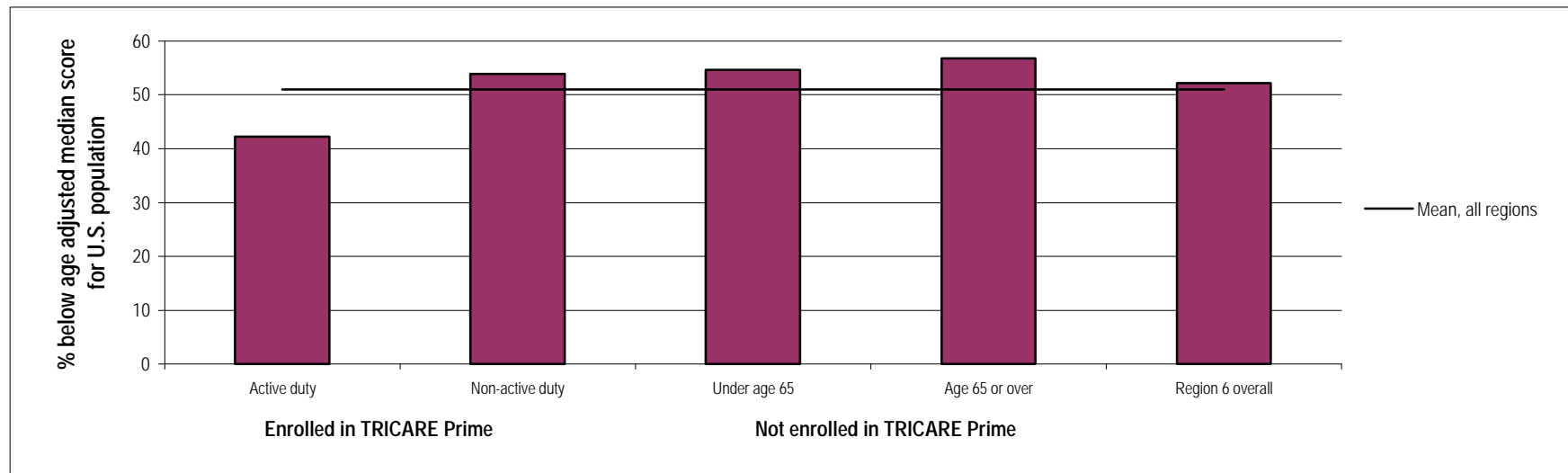
- The proportion of beneficiaries in Region 6 who are enrolled in, not enrolled in, and don't know whether they are enrolled in TRICARE Prime
- How findings for Region 6 compare to findings for the average mature TRICARE region

Findings:

Fifty-three percent of the beneficiaries in Region 6 and in mature TRICARE regions reported being enrolled in TRICARE Prime.

In Region 6 and all mature TRICARE regions, about one person in 20 reported not knowing if he or she was enrolled in TRICARE Prime.

8.2 Composite Scores of Physical Health in Region 6 and in All Regions



Population:

All beneficiaries

Sample size: 9,026

Vertical axis:

The percent of the sample with a composite physical health score below the age-adjusted median score for the U.S. population

Horizontal axis:

Enrollment status in TRICARE Prime

Survey questions: 1-7

What the exhibit shows:

- The proportion of beneficiaries in Region 6 who are in poor health (self-reported)
- How the findings vary by enrollment status
- How the findings for Region 6 compare to findings for all regions

Findings:

Half of all beneficiaries in Region 6 and in all regions have a composite physical health score below the age-adjusted median score for the U.S. population, regardless of their enrollment status. A smaller proportion of active duty personnel enrolled in TRICARE Prime are in worse health than the typical American of the same age (42 percent). Non-active duty TRICARE Prime enrollees and beneficiaries of all ages not enrolled in TRICARE Prime are slightly more likely on average to be in worse physical health than the typical American of the same age.

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Chapter

9

Performance Improvement Plan

The purpose of this Performance Improvement Plan is to summarize the large number of satisfaction questions in the HCSDB so that the underlying patterns are more easily seen. These patterns help to identify key aspects of services or care that most influence beneficiary satisfaction.

Each point in Figure 9.1 represents one of the questions about satisfaction with military health care, Questions 52a-gg. For example, point H represents satisfaction with the length of time the beneficiary waits in the provider's office. The "importance" score in the figure is the correlation of overall satisfaction with ratings of these individual aspects of health care service. (A correlation was developed for each item). For example, the correlation for office waiting time would indicate how "important" office waiting time is in determining the respondent's overall satisfaction with military care. Each specific aspect of health care, such as office waiting time, is a component of overall health care. Overall satisfaction with health care is a combination of the satisfaction ratings of individual components. The closer a point is to the top of the figure, the more important that component is in determining overall satisfaction with military health care.

The intersection of a service's importance and satisfaction value defines a point on the grid. The middle values of importance and satisfaction determine the lines that divide the grid into four priority quadrants. Services above the horizontal line are of greater importance to the beneficiary than those below the horizontal line, and they are noteworthy for their contribution to overall satisfaction. Services that beneficiaries are less satisfied with lie to the left of the vertical line, and those they are more satisfied with lie to the right of the line.

The quadrants may be interpreted as follows:

- **Top priority improvement opportunities** are in the top left quadrant. These are specific aspects of health care with which beneficiaries are relatively dissatisfied and, at the same time, are important in determining overall satisfaction. These are the areas that represent the greatest opportunities for increasing overall beneficiary satisfaction.
- **Top priority areas to maintain** are in the top right quadrant. These are aspects of health care with which beneficiaries are relatively satisfied and that are important in determining overall satisfaction. These are current strengths of the region.
- **Secondary priority improvement opportunities** are in bottom left quadrant. Low importance in determining overall satisfaction and low satisfaction characterize these aspects of health care. There may be a need for improvement, but these are lower priority items.
- **Secondary priority areas to maintain** are in the bottom right quadrant. These aspects of health care are characterized by low importance in determining overall satisfaction and high satisfaction. These areas appear to be meeting beneficiaries' expectations.

Findings

The following aspects of military health care in Region 6 were important to overall beneficiary satisfaction with care but received relatively low satisfaction scores. These areas, which fall into three categories, should be the focus of remedial action in Region 6.

Access to System Resources

- Access to health care whenever you need it (C)
- Access to a specialist if you need one (D)
- Amount of time spent with health care providers during a visit (AA)

Quality of Care

- Ability to diagnose your health care problems (M)

Concern Shown by Health Care Providers

- Reassurance and support offered to you by health care providers (Z)
- Health care providers' personal interest in the outcome of your problem (DD)

Figure 9.1 Performance Improvement Plan for Region 6